# Exhibit 17

# **Declaration of Dr. Chris Beyrer**

I, Chris Beyrer, declare as follows:

I am over the age of 18, have personal knowledge of the facts set forth herein, and, if called as a witness, I could and would testify competently as set forth below.

I am a professor of Epidemiology, International Health, and Medicine at the Johns Hopkins Bloomberg School of Public Health, where I regularly teach courses in the epidemiology of infectious diseases. This current semester, I am teaching the epidemiology course on emerging infections at Hopkins. I am a member of the National Academy of Medicine, a former President of the International AIDS Society, and a past winner of the Lowell E. Bellin Award for Excellence in Preventive Medicine and Community Health. I have been active in infectious diseases Epidemiology since completing my training in Preventive Medicine and Public Health at Johns Hopkins in 1992. Over the course of my career, I have at various times studied and published on the spread of infectious diseases within prisons. A copy of my curriculum vitae is attached as Exhibit A.

I am currently actively at work on the COVID-19 pandemic in the United States. Among other activities I am the Director of the Center for Public Health and Human Rights at Johns Hopkins, which is active in disease prevention and health promotion among vulnerable populations, including prisoners and detainees, in the US, Africa, Asia, and Latin America.

### The Nature of COVID-19

1. The SARS-nCoV-2 virus, and the human infection it causes, COVID-19, is a global pandemic and has been termed a global health emergency by the WHO. Cases first began appearing sometime between December 1, 2019 and December 31, 2019 in Hubei Province, China. Most of the initial cases were associated with a wet seafood market in Wuhan City.

- 2. On January 7, 2020, the virus was isolated and identified. The virus was analyzed and discovered to be a coronavirus closely related to the SARS coronavirus which caused the 2002-2003 SARS epidemic.
- 3. On March 11, 2020, the World Health Organization (<u>WHO</u>) announced that the outbreak of COVID-19 is a pandemic. On March 13, President Trump declared a national emergency.
- 4. As of May 16, 2020, the <u>CDC</u> has confirmed 1,412,121 cases of coronavirus in the United States. The <u>CDC</u> projects that over 200 million people in the United States could be infected with COVID-19 over the course of the pandemic without effective public health intervention, with as many as 200,000 to 1.7 million projected deaths under a worst case scenario.
- 5. COVID-19 is a serious disease. There is no vaccine or known cure. The overall case fatality rate has been estimated to range from 0.3 to 3.5% in most countries, but over 7.0% in Italy. In the U.S., the case fatality rate is estimated to be 6.0%. This is 5-35 times the fatality associated with influenza infection. COVID-19 is characterized by a flu-like illness. Overall, some 20% of cases will have more severe disease requiring medical intervention and support.
- 6. Once contracted, COVID-19 can cause severe damage to lung tissue, including a permanent loss of respiratory capacity, and it can damage tissues in other vital organs, such as the heart, central nervous system, and liver.<sup>2</sup>
- 7. The case fatality rate can be significantly higher depending on the presence of certain demographic and health factors. The case fatality rate is higher in men, and varies

<sup>&</sup>lt;sup>1</sup> Johns Hopkins University & Medicine, https://coronavirus.jhu.edu/data/mortality

<sup>&</sup>lt;sup>2</sup> Centers for Disease Control, *Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)*, <a href="https://cutt.ly/etRPVR1">https://cutt.ly/etRPVR1</a>

significantly with advancing age, rising after age 50, and above 10% (1 in 10 cases) for those with pre-existing medical conditions such as cardio-vascular disease.

- 8. Among patients who have more serious disease, some 30% will progress to Acute Respiratory Distress Syndrome (ARDS) which has a 30% mortality rate overall, higher in those with other health conditions. Some 13% of these patients will require mechanical ventilation, which is why intensive care beds and ventilators have been in insufficient supply in the U.S., Italy, Iran, and in parts of China.
- 9. COVID-19 can severely damage lung tissue, which requires an extensive period of rehabilitation, and in some cases, cause permanent loss of breathing capacity. COVID-19 may also target the heart, causing a medical condition called myocarditis, or inflammation of the heart muscle. Myocarditis can reduce the heart's ability to pump.
- 10. COVID-19 is widespread. Since it first appeared in Hubei Province, China, in late 2019, outbreaks have subsequently occurred in more than 209 countries and all populated continents, heavily affected countries include Italy, Spain, Iran, South Korea, and the U.S., now the world's most affected country. As of May 16, 2020, there have been 4,564,286 confirmed human cases globally, 308,317 known deaths, and some 1,650,072 persons have recovered from the infection. The pandemic has been termed a global health emergency by the WHO. It is not contained and cases are growing exponentially.
- 11. The U.S. CDC estimates that the reproduction rate of the virus (referred to as the R<sub>0</sub>) is 2.4-3.8, meaning that each newly infected person is estimated to infect on average 3 additional persons. This is highly infectious and only the influenza pandemic of 1918, (which killed between 17 and 50 million people worldwide) is thought to have higher infectivity. This

again is likely a function of all human populations not having pre-existing immunity and currently being highly susceptible.

- 12. The attack rate, the proportion of people exposed who contract the disease, is also high, estimated at 20-30% depending on community conditions, but may be as high as 80% in some settings and populations, including in closed settings such as nursing homes, ships, prisons, and correctional facilities. The incubation period is thought to be 2-14 days, which is why isolation is generally limited to 14 days. It is important to note that infected people can be contagious during the incubation period, even before they manifest any symptoms.
- 13. Absent a vaccine or an effective treatment, the best way to slow and prevent spread of the virus is through "social distancing." Social distancing involves avoiding human contact, and staying at least six feet away from other people. Even vigilant efforts to improve personal hygiene will not be enough to slow the spread of COVID-19. Consequently, every American institution—from schools to places of worship, from businesses to legislatures—have either dramatically reduced the number of people in close quarters, or closed entirely.

# The Risks of COVID-19 in the Federal Correctional Complex (FCC) Butner

14. People in congregate environments, which are places where people live, eat, and sleep in close proximity, face increased danger of contracting COVID-19. Correctional facilities, including prisons and jails, have long been known to be associated with high transmission probabilities for infectious diseases, including tuberculosis, multi-drug resistant tuberculosis, MRSA (methicillin resistant staph aureus), and viral hepatitis. Infections that are transmitted through droplets, like influenza and the novel coronavirus (which causes COVID-19), are particularly difficult to control in correctional facilities, as 6-foot distancing and proper decontamination of surfaces is nearly impossible.

- center like FCC Butner, it spreads significantly faster inside the correctional center than outside.

  During the peak of the outbreak in Wuhan, China—the province where COVID-19 originated—over half of all reported COVID-19 cases were among incarcerated people. In the United States, this is demonstrated by dramatic outbreaks in the Cook County jail<sup>3</sup> and Rikers Island in New York City, where the transmission rate for COVID-19 is estimated to be among the highest in the world.<sup>4</sup> At a federal prison in Lompoc, California, nearly 70% of inmates have tested positive for COVID-19.<sup>5</sup> Based on the evidence I have seen of COVID-19 spread in congregate environments, I estimate the reproduction rate of the virus in prisons is as high as 11.<sup>6</sup> This means that each newly infected person would be estimated to infect on average 11 additional persons. The U.S. CDC has estimated that SARS-nCoV-2 has a reproduction rate of 4-5.
- 16. In federal Bureau of Prisons (BOP) facilities, incarcerated individuals are being infected with COVID-19 at a rate more than 6.5 times higher than that of the general U.S. population.<sup>7</sup>
- 17. COVID-19 already has entered FCC Butner, where it has rapidly spread. The facility has become a deadly hotspot in a matter of weeks. FCC Butner is experiencing one of the worst COVID-19 outbreaks of any BOP facility.

<sup>&</sup>lt;sup>3</sup> Sam Kelly, *134 inmates at Cook County Jail confirmed positive for COVID-19*, CHICAGO SUN-TIMES (Mar. 30, 2020). https://cutt.ly/6tYTqi5.

<sup>&</sup>lt;sup>4</sup> LEGAL AID SOCIETY, *Analysis of COVID-19 Infection Rate in NYC Jails* (last visited March 30, 2020, 11:00 AM), <a href="https://cutt.ly/RtYTbWd">https://cutt.ly/RtYTbWd</a>

<sup>&</sup>lt;sup>5</sup> Richard Winton, 70% of inmates test positive for Coronavirus at Lompoc federal prison (May 9, 2020). *Los Angeles Times*. <a href="https://www.latimes.com/california/story/2020-05-09/coronavirus-cases-lompoc-federal-prison-inmates">https://www.latimes.com/california/story/2020-05-09/coronavirus-cases-lompoc-federal-prison-inmates</a>

<sup>&</sup>lt;sup>6</sup> See Kenji Mizumoto, Transmission potential of the novel coronavirus (COVID-19) onboard the diamond Princess Cruises ship, 2020, <a href="https://www.sciencedirect.com/science/article/pii/S2468042720300063">https://www.sciencedirect.com/science/article/pii/S2468042720300063</a>

<sup>&</sup>lt;sup>7</sup> Federal Defenders of New York, BOP-Reported Positive Tests for COVID-19 Nationwide (last visited May 11, 2020), <a href="https://federaldefendersny.org/">https://federaldefendersny.org/</a>; <a href="https://federaldefendersny.org/assets/uploads/BOP\_COVID-19">https://federaldefendersny.org/assets/uploads/BOP\_COVID-19</a> Charts and Graphs.5.11.pdf.

- 18. On March 24, 2020, FCC Butner reported its first known case. By April 14, 2020, four prisoners had died, and 61 prisoners and 28 BOP staff were confirmed infected.<sup>8</sup> By May 8, 2020, eight prisoners had died, and there were 318 confirmed positive tests at FCC Butner and 39 staff members.
- 19. Assuming BOP's reported cases are correct, reported infections among persons incarcerated in FCC Butner increased from 36 on April 24, 2020 to 240 on May 1, 2020—a nearly seven-fold increase over one week. Whether the increase in reported infections is due primarily to the exponential growth of the infection or to increased testing is irrelevant. The fact remains that 318 people were known to have been *actually infected* with COVID-19 as of May 8, 2020.
- 20. All eight prisoners died in area hospitals and had long-term, pre-existing medical conditions that the CDC lists as risk factors for severe COVID-19 illness. Seven of the deceased were suffering from respiratory failure at FCI Butner Medium I prior to their transfer to local hospitals. These circumstances raise serious concerns about whether facility staff were closely monitoring these individuals prior to their transfer to local hospitals per CDC guidance.<sup>9</sup>
- 21. There are a number of features of prisons that can heighten risks for exposure, acquisition, transmission, and clinical complications of these infectious diseases. These include physical/mechanical risks such as overcrowding, population density in close confinement, insufficient ventilation, shared toilet, shower, and eating environments and limits on hygiene and personal protective equipment such as masks and gloves in some facilities. I have reviewed the declarations of Lee M. Ayers, John Dailey, Charles Hallinan, Michael Harrington, Antwan Harris, Arnold J. Hill, Jasean C. Kinard, John Krokos, Jorge Maldonado, Benjamin McRae,

<sup>&</sup>lt;sup>8</sup> Federal Bureau of Prisons, BOP: COVID-19 Update (archived copy, Apr. 14, 2020), <a href="https://bit.ly/2LerakY">https://bit.ly/2LerakY</a>. <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html">https://bit.ly/2LerakY</a>.

Randy Flores Ortiz, George B. Riddick, Troy A. Titus, and William Whyte. Included below is my understanding of the specific conditions at FCC Butner. If these facts are accurate, these conditions pose heightened risks to a population already vulnerable to contracting COVID-19 and developing both acute and lasting effects from the virus. Many of these conditions alone pose an unreasonable risk to prisoners, staff and public health, are contrary to public health guidance, and fall well below any meaningful standard of care. Taken together, they significantly compound the risks posed by COVID-19. The observations of these incarcerated men indicate that, in FCC Butner, BOP's actions (or inaction) fail to follow the most basic infection control measures.

### **Overcrowding and Social Distancing:**

22. FCC Butner is crowded. FCC Butner is a complex of BOP facilities—FMC Butner, FCI Butner Low, FCI Butner Medium I, and FCI Butner Medium II—collectively housing approximately 4,550 men. The complex was designed to hold 3,998 people. As of May 16, 2020, the facilities in total are at approximately 114% capacity. For example, FCI Butner Low was designed to hold 992 people, but as of May 7, 2020, BOP reports that 1,277 men are housed there, exceeding the facility's maximum capacity of 992 people by approximately 29 percent. As of May 7, 2020, FCI Butner Medium II houses 1,495 men, exceeding the facility's maximum capacity of 1,152 people by approximately 30 percent. Crowding contributes to the spread of the virus because it does not allow for six foot distancing and prohibits proper decontamination of the facility.

<sup>&</sup>lt;sup>10</sup>See Population Statistics: Inmate Population Breakdown, Federal Bureau of Prisons, <a href="https://www.bop.gov/mobile/about/population\_statistics.jsp">https://www.bop.gov/mobile/about/population\_statistics.jsp</a>(last updated May 14, 2020). The four facilities are FCI Butner Low, FCI Butner Medium I (which has an adjacent, minimum security satellite camp), FCI Butner Medium II, and FMC Butner, an administrative security federal medical center.

<sup>&</sup>lt;sup>11</sup> *PREA Audit Report*, 1, National PREA Resource Center, https://www.bop.gov/locations/institutions/buh/PREA butner.pdf (Apr. 2, 2017).

- 23. FCC Butner's population size and its physical layout, as it has been described to me, make it impossible for people there to engage in the social distancing required to mitigate the risk of transmission. Practices have not been modified adequately to increase social distancing and reduce the risk of spread.
- 24. People incarcerated at FCC Butner sleep, eat, use bathroom facilities, receive medication, and recreate in very close proximity to one another in common areas as well as in dorm, cubicle, pod and double, triple, or quad-celled housing.
- 25. Prisoners, correctional staff from FCC Butner and staff from other BOP facilities, and contractors regularly move in and out of FCC Butner facilities and across different housing units within facilities. Such movement creates an ever-present risk that persons, including asymptomatic carriers, will carry the virus into and out of those facilities, spreading infection and triggering outbreaks.
- 26. A recent national Occupational Safety and Health Administration (OSHA) complaint involving unsafe conditions in many federal prisons, including FCC Butner, alleges that BOP has "ha[s] failed to minimize contact within recreation areas, education areas, counseling/treatment rooms, resulting in multiple inmates and staff coming in dangerously close contact with each other after potentially being exposed to the virus."<sup>12</sup>

FCI Butner Low and FCI Butner Medium I – Camp

- 27. FCI Butner Low is a low security federal correctional facility. FCI Butner Medium I, as described below, has a minimum security satellite camp.
  - 28. As described above, FCI Butner Low is overcrowded. 13

<sup>&</sup>lt;sup>12</sup> National OSHA Compl. (March 31, 2020), at 4 available at

https://www.afge.org/globalassets/documents/generalreports/coronavirus/4/osha-7-form-national-complaint.pdf

<sup>&</sup>lt;sup>13</sup> PREA Audit Report, 1, National PREA Resource Center,

https://www.bop.gov/locations/institutions/buh/PREA butner.pdf (Apr. 2, 2017).

- 29. According to declarations and documents I have reviewed, the about 1,200 men incarcerated at FCI Butner Low live in eight dormitory-style housing units, each of which houses about 140-160 men. In addition, about 220 people are housed in at the Camp, where they live in eight dormitory-style housing units. Prisoners in Butner Low and the Camp sleep in large open rooms divided into cubicles. The cubicles range from about 6' x 10' to about 7' x 11'. The cubicle walls are only five-and-one-half to six feet high. The walls do not reach the ceiling. Most cubicles have two to three prisoners assigned to sleep in each cubicle, though a small number house only one, often due to that person using a wheelchair.
- 30. Walls that do not reach the ceiling are ineffective at stopping the transmission of COVID-19. These men are sleeping within a few feet of multiple other men, contributing to the risk of spread of COVID-19.
- 31. At least one unit of the Camp (Catawba West) is so overcrowded that it has an area known as the "beach," where people sleep in two rows of three bunk beds less than four feet apart. Residents in that unit must walk through the "beach" in order to go to the restroom, meaning the men in those bunks are subjected to a constant stream of close-proximity traffic.
- 32. People in FCI Butner Low and the Camp share a small number of toilets, showers, and sinks, which are shared by each housing unit. In each Camp housing unit, prisoners share a single bathroom with about five stalls, six showers, and five sinks.
- 33. People requiring medication at FCI Butner Medium I and the Camp must line-up at one or more of three daily "pill calls." Thus, every day—and sometimes more than once per day—medically vulnerable people stand in very close proximity to each other for extended periods of time. Both the duration and proximity of exposure increase the risk of COVID-19 infection, and research shows that respiratory droplets produced by speech can linger in the air in

closed environments for 8 to 14 minutes. 14 These practices increase the likelihood of COVID-19 transmission.

- 34. Petitioners housed in FCI Butner Low uniformly report that, although they are no longer taken to the cafeteria for meals, they instead line up inside (or just outside) their housing units to receive their meals. People in line are about one to two feet apart, and it can take up to twenty minutes to get through the line. And, in at least one case, men from one unit were made to line up with men from another unit, substantially defeating any intended purpose behind the current meal-time process.
- 35. Meals are handled inconsistently at the Camp. Some guards bring meals directly to cubicles, but other guards make the entire unit line up at the unit door for meals. Like in FCI Butner Low, people lining up for meals are no more than two feet from one another.
- 36. Access to phones and computers also is problematic at FCI Butner Low, with people densely packed in lines for extended periods of time. Declarants report that the six to eight phones shared in each unit—which are in regular use—are about two feet apart, and they are not disinfected in between uses. Computers are also within a few feet of one another, in regular use, and rarely, if ever, cleaned.
- 37. At the Camp, there are three shared computers—all right next to each other on a share desk—and the unit's TVs are in the same room. The room is "always at least at half capacity, but was often so crowded that people would bring extra chairs into the room."
- 38. The TV rooms reportedly are closed, but according to some Declarants, the TVs are on and visible from an area just outside the computer room. These people are all very close to each other in the area just outside the computer room.

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<sup>&</sup>lt;sup>14</sup> Stadnytskyi, V., Bax, C. E., Bax, A., & Anfinrud, P. (2020). The airborne lifetime of small speech droplets and their potential importance in SARS-CoV-2 transmission. *Proceedings of the National Academy of Sciences*.

- 39. The men in Butner Low and the Camp share bathrooms, phones, computers, and other common areas and are very close to each other when in these areas, all within 3 feet of each other.
- 40. Mr. Krokos described the increased use of lines because of the facility's partial (4 units) and full lockdowns (4 units):
  - "We had to stand in line for many things. There were even more lines to stand in under lockdown. Almost anything you needed during lockdown was located at or distributed from the common area, and for any of these things, people had to wait in line through the common area and back into the halls between cubicles. Telephones were at one side of the common area, and people would line up waiting to use the phones. People lined up for pill call, sick call, mail distribution, and distribution of commissary items, which all occurred in front of the [correctional officer] station in the common area. Meals were also brought to the unit, and most times, we would pick up our meals in front of the [correctional officer] station or at the doorway to the unit, meaning that people were again lined up through the common area. People also waited in line to use the laundry room off the common area. There were commonly about 60 men in a line for pills or food. Men were never socially distanced when waiting in line, and would be in very close distance from one another. Many people in line would not be wearing a mask."
- 41. Declarants also report that people housed in their units—as well as guards—have frequent contact with other housing units and other facilities at FCC Butner. For example, FCI Butner Low has a UNICOR operation where many people from different housing units work. According to Mr. Hallinan, at least two dozen people in his housing unit have jobs with UNICOR where they work with people from other housing units. Mr. Hill and Mr. McRae report the same conditions.
- 42. Some people housed at the Camp continued to go to work at the UNICOR operation at Medium I or elsewhere, along with people from other housing units. And guards and staff also moved freely between units—and sometimes between facilities.
- 43. Mr. Dailey reports that one person in his housing unit is an orderly assigned to clean the Special Housing Unit—or "SHU"—in Medium II, where some people who have

COVID-19 are housed. They go to their jobs and work with people from other housing units, and then they come back to my unit after work. Prison officials have not isolated these men and do not appear to be checking them for symptoms.

44. These conditions do not allow for the safe social distancing and high standards of hygiene that are required to reduce coronavirus acquisition risks. Prisoners having contact with others through waiting in close proximity to one another, employment, or other activities may be exposed and transmit the virus to other inmates they live with or interact with. Similarly, guards moving between units may be another vector for the virus between facilities. Given evidence that the virus can remain on surfaces for up to 72 hours, even if social distancing guidelines are being practiced during meals or phone calls, if an infected person touches these surfaces, it may still result in transmission to the next inmate or staff member.

#### FCI Butner Medium I

- 45. FCI Butner Medium I is a medium security federal correctional institution with an adjacent, minimum security satellite camp.
- 46. FCI Medium I also is comprised of dormitory-style housing. Some of the men incarcerated there sleep in bunk beds lined along multiple hallways. Additionally, other men are assigned to cells along these hallways. Other prisoners and staff routinely walk through these hallways, including to reach the bathrooms. This makes the required social distancing virtually impossible, making further spread of the virus likely.
- 47. FCI Butner Medium I also has a UNICOR operation where people work with prisoners from other housing units. <sup>15</sup> After a number of UNICOR prison employees and supervisory staff tested positive for coronavirus, work has been suspended.

<sup>&</sup>lt;sup>15</sup> *PREA Audit Report*, 2, National PREA Resource Center, https://www.bop.gov/locations/institutions/buh/PREA\_butner.pdf (Apr. 2, 2017).

- 48. FCI Butner Medium II is another medium security federal correctional institution.
- 49. According to the declarations I have reviewed, FCI Butner Medium II also has celled and dorm-style housing. In the celled housing, prisoners share cells with one, two, or three other people. Cells range from 8' x 6' to 8' x 8', depending on the number of people housed in them. People housed in these cells sleep on bunk beds, and in four-person cells, the beds are about two feet apart in an L shape. In the dorm-style living, approximately 120-150 men on each of the 12 units share two bathrooms and 12 showers.
- 50. As in the other facilities, there are communal phones spaced a few feet apart; people stand in close proximity to each other in long lines waiting for the phones. There is no physical distancing in these lines. Prisoners can use rags or socks to wipe the phones between uses, but they "do not have supplies readily available to disinfect the phone[s]."
- 51. The computer space in the units is similar to that in other facilities: a common room where people work "shoulder to shoulder" at computers that constantly are in use and groups of people waiting in close proximity for their turn to use the computers.
- 52. FCI Butner Medium II also has a UNICOR operation at which numerous people housed in Medium II currently work. There is also a private contractor employer, where Mr. Ayers works, that is currently suspended due to the lockdown. According to Mr. Ayers, everyone in his approximately 120-man housing unit has a job with either UNICOR or a private contractor. And like those men who work in the other UNICOR operations, people in Mr. Ayers' housing unit work side-by-side with men from other housing units. This work environment increases risk of COVID-19 transmission by increasing the number of people men in different units interact with.

- 53. These shared bathrooms, computers, phones, workspaces, and other common areas are a source of transmission of the virus because the coronavirus spreads on surfaces as well as through droplets. Hard and non-absorptive surfaces, like steel, glass, tile, and hard plastic are the most high risk, and the virus has been shown to be viable for up to 72 hours on these surfaces, posing a risk to all who share bathroom, shower, sink, toilet and other shared surfaces. Decontamination after each use would be required to make these shared spaces safe, but may be unfeasible due to such high demand and use as in the FCI Butner shared facilities.
- 54. The conditions at FMC Butner similarly involve housing in mostly two-person cells where incarcerated people sleep, eat, use bathroom facilities, receive medication, and recreate in very close proximity to one another.

### Staff Movement and the Risks of Community Spread from Correctional Facilities:

- 55. The history of severe epidemics indicates that once an epidemic is in a prison, it is likely to spread back into the community.
- 56. For example, severe epidemics of tuberculosis in prisons in Central Asia and Eastern Europe was demonstrated to increase community rates of tuberculosis in multiple states in that region. This is the case for several reasons. First, correctional officers and other staff go back to their communities every day. More than 1,400 people work at FCC Butner. Some of the employees may themselves be medically vulnerable.<sup>17</sup> And every one of them presumably returns home to the Granville County area after their shifts end. Most correctional facilities in

<sup>&</sup>lt;sup>16</sup> Van Doremalen et. al (2020) *New England Journal of Medicine*, https://www.nejm.org/doi/full/10.1056/nejmc2004973

<sup>&</sup>lt;sup>17</sup> See PREA Audit Report, National PREA Resource Center, <a href="https://www.bop.gov/locations/institutions/buh/PREA\_butner.pdf">https://www.bop.gov/locations/institutions/buh/PREA\_butner.pdf</a> (Apr. 2, 2017) (indicating 1,475 staff at FCC Butner).

the U.S. have three 8 hour shifts a day, meaning there is constant flow between facilities and surrounding communities. As of May 8, 2020, there were 318 confirmed positive tests at FCC Butner and 39 staff members. Because individuals can be infected with and spread COVID-19 without symptoms or before they manifest symptoms, screening may not detect when a staff member has become infected. In other words, the possibility of asymptomatic transmission means that monitoring fever of staff or prisoners is inadequate for identifying all who may be infected and preventing transmission. While I understand that the BOP has stated it is conducting temperature checks of symptomatic prisoners and staff, I do not believe such screening is sufficient to prevent spread of COVID-19 back into the community since it is now known that asymptomatic persons with normal temperatures can be infected with COVID-19 and infectious for others, generally for up to 3 days before becoming symptomatic and febrile.<sup>18</sup>

57. Second, the known confirmed cases at FCC Butner likely significantly undercount the total number of staff and prisoners that have contracted the virus. <sup>19</sup> BOP has not tested staff or implemented a systemic testing and isolation protocol for staff at FCC Butner or any other BOP facility. This month, BOP officials stated the following to the media: "[BOP] ha[s] developed a letter for staff who are in close contact of a COVID-19 positive individual to provide to the local health department to ensure such persons receive priority COVID-19 testing. Because staff are typically tested in the community, we are unable to provide the total number of correctional officers that have been tested." The OSHA complaint also alleges that BOP

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<sup>&</sup>lt;sup>18</sup> He et al., 2020 Nature Medicine. https://www.nature.com/articles/s41591-020-0869-5

<sup>&</sup>lt;sup>19</sup>Recent testing of all 700 incarcerated people in a North Carolina state prison found that 444 were infected—an 11-fold increase from the previously known 39 cases. Kevin Johnson, *Mass Virus Testing in State Prisons Reveals Hidden Asymptomatic Infections; Feds Join Effort*, USA Today, Apr. 25, 2020, <a href="https://www.usatoday.com/story/news/politics/2020/04/25/coronavirus-testing-prisons-reveals-hidden-asymptomatic-infections/3003307001/">https://www.usatoday.com/story/news/politics/2020/04/25/coronavirus-testing-prisons-reveals-hidden-asymptomatic-infections/3003307001/</a>. Critically, 90% of the newly diagnosed cases were asymptomatic. *Id*.
<sup>20</sup> Barr, 5,000 Corrections Officers Have Contracted COVID-19, <a href="https://abc7ny.com/over-5000-corrections-officers-have-contracted-covid-19/6155768/">https://abc7ny.com/over-5000-corrections-officers-have-contracted-covid-19/6155768/</a>

officials have directed staff throughout BOP who have come into contact with, or been in close proximity to, individuals who show or have shown symptoms of COVID-19, to report to work and not self-quarantine for 14 days. Moreover, there has been at least one report that BOP denied health and safety leave to a correctional officer at another BOP facility after he tested positive for COVID-19.<sup>21</sup> He reportedly was also instructed to return to work if he was fever-free for 72 hours, with no testing to confirm whether he was still contagious. This is unacceptable medical and public health practice. Persons recovering from COVID-19 need 2 negative COVID-19 PCR tests 72 hours about before they can be confirmed to be no longer infectious for others.<sup>22</sup>

58. Third, based on observations by prisoners, BOP has not set movement restrictions of staff to consistent locations. Staff move between FMC Butner, FCI Butner Low, FCI Butner Medium I, the adjacent camp, and FCI Butner Medium II as well as outside hospitals. Specifically, at FCI Butner Low executive staff, "[c]orrectional officers, and other staff move between housing units. For example, during count, the officers in our housing unit go to help the officers in the unit next to ours, and the officers from the next unit over help the officers in our unit." Some of the guards, staff, and incarcerated people who move among units and facilities are likely among those who do not wear masks, making them more likely to both catch and spread the coronavirus. At FCI Butner Medium II, guards and other staff also move between the units. According to Mr. Riddick, one guard told Mr. Riddick he had recently been responsible for "watching three prisoners who have COVID-19 in their respective hospital rooms at Duke hospital." BOP official policy has staff deployed from other BOP institutions all across the

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<sup>&</sup>lt;sup>21</sup> See AFGE, A BOP Officer Contracted Coronavirus. He was Told to Return to Work ASAP (May 4, 2020), https://bit.ly/35KSCjA.

<sup>&</sup>lt;sup>22</sup> CDC 2020, Discontinuation of Isolation of Persons with COVID-19 Not in Healthcare Settings: Interim Guidance <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html</a>

country to assist with the COVID-19 pandemic, including at FCC Butner. CDC guidelines urge that movement restrictions be implemented. These factors, as well as the high rate of turnover and population mixing of staff and prisoners, increases the likelihood of exposure.

- 59. Reported outbreaks of COVID-19 in multiple correctional facilities in China are associated with introduction into facilities by staff. Similarly, for the outbreak at Riker's Island in New York City, the majority of early cases were among prison staff, not prisoners.
- 60. As the virus spreads at FCC Butner, it has the potential to overwhelm local hospitals. As discussed below, COVID-19 can cause serious medical conditions, including Acute Respiratory Distress Syndrome (ARDS), other types of severe lung tissue damage, diminished breathing capacity, heart conditions including myocarditis, kidney damage, strokes, and other brain and central nervous system complications. These are serious medical conditions that require hospitalization. At least the 8 men that died from Butner have been hospitalized. It is estimated roughly 1 in 4 people hospitalized for COVID-19 will require treatment in the intensive care unit (ICU).<sup>23</sup> FMC has no ICU available and these cases will require referral.<sup>24</sup>
- 61. Given these factors, it is a near certainty that the COVID-19 outbreak cannot and will not be contained within FCC Butner. Rather, it will reemerge in the community. This in turn will undermine the efforts North Carolina has made to date to reduce spread of the virus and help prevent further deaths beyond the already 442 total deaths.<sup>25</sup>

<sup>&</sup>lt;sup>23</sup> Wang et al., 2020 Journal of the American Medical Association. <a href="https://jamanetwork.com/journals/jama/article-abstract/2761044">https://jamanetwork.com/journals/jama/article-abstract/2761044</a>

<sup>&</sup>lt;sup>24</sup> See Bureau of Prisons: Better Planning and Evaluation Needed to Understand and Control Rising Inmate Health Care Costs, 65, United States Government Accountability Office, <a href="https://www.gao.gov/assets/690/685686.pdf">https://www.gao.gov/assets/690/685686.pdf</a> (June 2017) (noting that FMC Butner is equipped to manage "subacute and chronically ill").

<sup>&</sup>lt;sup>25</sup> COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins, Johns Hopkins Univ. & Med. Coronavirus Resource Center, https://coronavirus.jhu.edu/map.html (last visited May 5, 2020).

# **Testing:**

- 62. There is no widespread testing for coronavirus at FCC Butner. Of 459 coronavirus tests, approximately 318 tested positive and 141 tested negative. Almost all Declarants from FCI Butner Low report that they do not know a single person tested in their respective housing units. Mr. Riddick reports being told that *no* tests had been done at Medium II. BOP has not yet reported any positive tests at Medium II, but this may be because of the lack of testing. Mr. Ayers stated that he is aware of only one person in his unit who was tested for COVID-19. Testing is necessary to quantify infections, isolate cases, and understand the impact or lack thereof of safety measures and policies. Testing is also the only way to identify asymptomatic carriers who may spread the disease to others and provide context to counts of symptomatic, presumed cases. It is not possible to determine if the lack of cases is an accurate representation of infection within Medium II without consistent testing procedures.
- 63. Moreover, symptom checks as described by Declarants are sporadic, ineffectual, and inconsistent across units. For example, Mr. Hallinan states that "[s]hortly after the lockdown started on April 1, medical staff was taking the temperature of [everyone] in the housing unit every day," but that practice lasted only a week. Mr. Dailey reports that everyone in the Vance B housing unit had their temperatures taken on a single day in April without explanation, but since then, "the only way . . . to get checked [for fever] is by putting in a request for sick call."
- 64. As one incarcerated person reported at the Camp regarding conditions on his unit and testing:

"I first heard of someone in my unit becoming sick and having to be removed in early April, after which it felt like a chain reaction within the Camp . . . . [S]uddenly it seemed as if everyone in my unit was ill . . . . At night, I would hear coughing all throughout the unit. I personally experienced loss of smell and taste, headaches and shortness of breath.

<sup>&</sup>lt;sup>26</sup> Opposition to Defendant Wesam El-Hanafi's Motion for Compassionate Release, *United States v. El-Hanafi*, No. 1:10-cr-00162-KMW (S.D.N.Y. May 13, 2020), ECF No. 247, at 16.

My entire unit was tested for coronavirus on or around April 23, 2020. We were not isolated or separated from one another in any way while we waited for results. On or around April 30, 2020, Dr. Beyer gathered our unit together and told us that the entire unit had tested positive for coronavirus. She also told us that as many as 80% of the entire camp population tested positive for coronavirus, and that a large number of people testing positive for the virus had only mild or no symptoms.

65. Without widespread testing and tracing of all prisoners and staff, it will be impossible to know how COVID-19 is moving through FCC Butner to help mitigate the continued spread and to properly isolate and care for those that have contracted the virus. This is especially critical since estimates suggest nearly half of all COVID-19 infections may be asymptomatic.<sup>27</sup>

### **Sanitation:**

- 66. I understand that BOP has not implemented heightened sanitation in response to the crisis, including intensified cleaning of high-touch surfaces to minimize the spread of the virus. I also understand that incarcerated people, rather than professional cleaners, are responsible for cleaning the facilities, on an ad hoc basis or at will.
- 67. I understand that BOP has not provided adequate supplies for cleaning of housing and common areas to prisoners and that prisoners do not have access to alcohol-based disinfecting wipes to clean high-touch areas before and after use.
- 68. I also understand there is not increased sanitation of the bathroom areas and toilets, whether in a shared bathroom or celled space. Despite the large numbers of men on each unit and the resulting heavy usage of the facilities, the shared bathrooms are cleaned only once or twice a day. This is markedly insufficient to control COVID-19 spread on surfaces.

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<sup>&</sup>lt;sup>27</sup> He, X., Lau, E.H.Y., Wu, P. *et al.* Temporal dynamics in viral shedding and transmissibility of COVID-19. *Nat Med* 26, 672–675 (2020). <a href="https://doi.org/10.1038/s41591-020-0869-5">https://doi.org/10.1038/s41591-020-0869-5</a>

69. If true, these conditions contribute to the risk of spread of COVID-19 because inadequate sanitation and hygiene make prevention of the spread of the respiratory secretions, both in the air and on surfaces, that infect people with COVID-19 impossible.

### **PPE and Air Filtration:**

- 70. I understand that BOP has not mandated that staff and prisoners at FCC Butner wear face coverings and fails to provide an adequate PPE, including gloves and masks, to prisoners and staff.
- 71. Some Declarants report being given cloth masks. Some do not fit. Others report that the masks are "made of a very thin, single layer fabric."
- 72. BOP's enforcement of the requirement to wear masks is also inconsistent. Not all staff wear their masks. Mr. Krokos estimates that "40% of the [correctional officers] did not wear masks regularly." He also indicates that provision of gloves to correctional officers occurred once his unit went on lockdown. Other incarcerated people also do not wear their masks. "Whether to wear a mask seems to be up to the discretion of the individual."
- 73. People housed at FCI Butner Low are responsible for cleaning their own masks. But, since the lockdown was imposed, laundry access has been limited from three times per week to one or two. Thus, people housed at FCI Butner Low have limited opportunities to wash the few masks they have been given.
- 74. Prisoners housed in Medium II have been provided cloth masks that are "like tee shirt material." And, as in other facilities, they report that not all staff wear masks.
- 75. Although all staff and prisoners should wear masks per CDC recommendations, the BOP must do more to protect prisoners and staff because cloth and surgical masks have

shown to be insufficient to prevent the majority of viral transmission.<sup>28</sup> This makes the imperative for BOP to enforce social distancing and reduce the incarcerated population all the more essential and urgent.

- 76. The OSHA complaint<sup>29</sup> alleges that BOP has failed to provide proper PPE to staff transporting "hospitalized inmates testing positive for the virus."
- 77. The complaint also alleges that that BOP has failed to provide sufficient air filtration and other controls to minimize the spread of the virus.<sup>30</sup> Specifically, BOP has failed to "implement[] engineering controls such as high efficiency air filters or air scrubbers to minimize the airborne nature of this virus or otherwise improved the ventilation rates in the environment."
- 78. Because of the outbreak at FCC Butner, the lack of adequate PPE, and the lack of use of PPE by all staff and prisoners will only infect even more people and maintain the high transmission rate now being seen.
- 79. Proper air filtration may reduce exposure to coronavirus based on the ability of some filters to remove particles the same size or smaller than the SARS-CoV-2 virus (COVID-19). The lack of air filtration at FCC Butner may contribute to exposure to the virus within close quarters because those viral particles will remain in the air and settle on surfaces in this highly dense population.<sup>31</sup>

<sup>&</sup>lt;sup>28</sup> Bae et al., 2020. Annals of Internal Medicine. https://www.acpjournals.org/doi/10.7326/M20-1342

<sup>&</sup>lt;sup>29</sup> National OSHA Compl. (March 31, 2020), at 4 available at

https://www.afge.org/globalassets/documents/generalreports/coronavirus/4/osha-7-form-national-complaint.pdf

<sup>&</sup>lt;sup>30</sup> National OSHA Compl. (March 31, 2020), at 3 available at

https://www.afge.org/globalassets/documents/generalreports/coronavirus/4/osha-7-form-national-complaint.pdf

<sup>&</sup>lt;sup>31</sup> Bahl et al., 2020. *The Journal of Infectious Diseases*. <a href="https://academic.oup.com/jid/advance-article/doi/10.1093/infdis/jiaa189/5820886">https://academic.oup.com/jid/advance-article/doi/10.1093/infdis/jiaa189/5820886</a>

### **Education:**

- 80. FCC Butner does not provide timely and ongoing education about hand washing, infection control or COVID-19. It seems the only outreach to prisoners at FCC Butner is on an ad hoc basis and has consisted of an April 8, 2020 letter from the BOP Director, weeks after the virus already spread into FCC Butner.
- 81. Best practices for hand washing and hygiene education include a multidisciplinary approach.<sup>32</sup> Not only should initial education be provided, but reminders and compliance monitoring are necessary.<sup>33</sup> Hand washing stations and alcohol-based sanitizers must also be provided so hand-washing is accessible throughout the day.

### **Isolation and Quarantine Protocols:**

- 82. To reduce the risk of transmission, severe disease or death from COVID-19, proper medical isolation is critical. Based on observations by prisoners, BOP does not use medical isolation units for those who are sick. Instead, BOP places sick prisoners in solitary confinement cells called the Special Housing Unit or SHU, where prisoners who are not sick are housed for administrative or disciplinary reasons. These units are not appropriate for medical isolation and there may be continued transmission despite them. Shared recreational space may still lead to exposure with other prisoners which can result in transmission. In addition, guards who go between units may be exposed from one prisoner, which may then spread throughout the rest of the unit when meals are delivered or via other routes.
- 83. Per CDC guidelines, medical isolation is needed as soon "as an individual develops symptoms of COVID-19." However, medical isolation is determined by the BOP

<sup>&</sup>lt;sup>32</sup> Pittet, 2001. Emerging Infectious Diseases. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2631736/

<sup>&</sup>lt;sup>33</sup> Panhorta et al., 2004 *Journal of Infection Prevention*. https://journals.sagepub.com/doi/abs/10.1177/14690446040050030401

solely by whether the person has a high temperature. This is inconsistent with disease control because fever is not the only symptom of the virus and some people with the virus do not show signs of a fever. Moreover, FCC Butner does not conduct temperature checks in a routine or uniform way. According to the declarations I reviewed, incarcerated people at FCC Butner only get their temperature checked if they put in for sick call, are being released from the facility, or are transferred to an outside hospital. Even if BOP was doing routine temperature checks of prisoners, as I stated above, I do not believe such screening is sufficient to prevent spread of COVID-19 because it is now known that asymptomatic persons with normal temperatures can be infected with COVID-19 and infectious for others. Based on the description of the SHU, it does not allow for timely notification and management of clinical symptoms should they arise. This is particularly dangerous given reports that individuals can rapidly deteriorate from mild symptoms to severe illness requiring hospitalization and invasive treatment.

- 84. Based on observations by prisoners, quarantine is employed by BOP in limited circumstances. Quarantine is necessary for prisoners "who are close contacts of a known or suspected case." Based on the numbers of confirmed COVID-19 cases at FCC Butner, a significant number of prisoners there have been in close contact with other prisoners who tested positive for the virus.
- 85. Even when utilized, BOP may not effectively separate people, which increases the risk of infection. At FCC Butner, quarantined people are not kept in individual cells per best practices, but in close quarters in group quarantine with dozens of others.<sup>34</sup>

<sup>34</sup>See Defendant Thompson's Status Report on Compassionate Release Motion and Request for Additional Court Action at 2, *United States v. Thompson*, No. 1:15-cr-00448 (E.D. Ill. Apr. 20, 2020) ("[I]nmates from other units

Action at 2, *United States v. Thompson*, No. 1:15-cr-00448 (E.D. III. Apr. 20, 2020) ("[I]nmates from other units came in and out of the 'quarantine' area in the evenings with no monitoring, and people who were supposed to be 'quarantining' continued to receive their food in the cafeteria from inmates from outside the unit who were not in 'quarantine.'").

# The BOP's Policies on its Response to COVID-19 Are Contrary to Sound Disease Control

- On May 6, 2020, the CDC issued "COVID-19 in Correctional and Detention 86. Facilities – United States, February-April 2020."35 This report was drafted with the recognition that people who are incarcerated live, work, eat, study, and recreate within congregate environments, heightening the potential for COVID-19 to spread once introduced. After collecting data from 37 out of 54 state and local correctional jurisdictions, "[t]hirty-two (86%) jurisdictions reported at least one laboratory-confirmed case from a total of 420 correctional and detention facilities. Among these facilities, COVID-19 was diagnosed in 4,893 incarcerated or detained persons and 2,778 facility staff members, resulting in 88 deaths in incarcerated or detained persons and 15 deaths among staff members." It also found that in a nursing facility, "approximately one half of cases identified through facility-wide testing were among asymptomatic and presymptomatic persons, who likely contributed to transmission."<sup>36</sup> Based on that finding, CDC advised "that symptom screening alone is inadequate to promptly identify and isolate infected persons in congregate settings such as correctional and detention facilities." The report provides recommended best practices specifically for correctional and detention facilities.<sup>37</sup> These measures are the minimum measures necessary to limit transmission to people in custody, staff and the public.
- 87. To mitigate the spread of COVID-19 in correctional settings, the CDC recommends "physical distancing," movement restrictions of staff to consistent locations, use of

<sup>&</sup>lt;sup>35</sup> COVID-19 in Correctional and Detention Facilities – United States, February-April 2020, Centers for Disease Control and Prevention, <a href="https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e1.htm">https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e1.htm</a>; See also Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, Centers for Disease Control and Prevention, <a href="https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html">https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html</a>.

<sup>&</sup>lt;sup>36</sup> *Id*.

<sup>&</sup>lt;sup>37</sup> *Id*.

effective face coverings, infection control training of staff, intensified cleaning of and disinfection of high-touch surfaces and objects in shared spaces; provide a no-cost supply of soap sufficient to allow for frequent hand washing and adequate cleaning supplies; plan for how space will be used to medically isolate, care for the sick, and quarantine close contacts as well as plan for staff shortages; implement isolation of ill people and quarantine close contacts; restrict nonmedical transfers of people in custody to and from facilities unless necessary or to prevent overcrowding; communicate clearly and frequently with people in custody about changes to their daily routine and how they can help mitigate the spread of the virus; and conduct routine verbal screening and temperature checks for all staff, newly admitted incarcerated persons, and visitors.<sup>38</sup> It also affirmed that correctional facilities should continue to follow its "Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities."

- 88. To allow for physical distancing, the CDC specifically recommends the following: sleep head to foot, stagger meals and showers, reduce the number of persons allowed in a common area at one time, and suspend group gatherings. The report also highlighted efforts of some jurisdictions to "implement[] decompression strategies to reduce crowding" in prisons such as releasing persons to home confinement or community supervision.<sup>40</sup>
- 89. The BOP's response to the COVID-19 pandemic is grossly deficient and is inconsistent with sound disease control measures and the CDC guidance. I have reviewed available documents regarding BOP's six "Action Plans" and its screening tool for all visitors

 $<sup>^{38}</sup>$  *Id* 

<sup>&</sup>lt;sup>39</sup> Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities: Centers for Disease Control and Prevention, <a href="https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html">https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html</a>.

<sup>40</sup> Id.

and contractors. Based on those documents, BOP's response to COVID-19 is insufficient to safeguard the health and safety of the persons in its charge in multiple areas, including:

- 90. *Screening tools*: The BOP has three screening tools<sup>41</sup> for prisoners, staff, and volunteers, visitors, and contractors. Theses screening tools would not be able to detect asymptomatic carriers, as written. Given the current travel bans in place, travel to the following countries is almost irrelevant. It also requires contact with someone diagnosed, but does not mention anyone with presumed disease or symptoms consistent with disease. This means individuals may have been in contact with someone sick and symptomatic, but because that individual did not receive a formal diagnosis the visitor/volunteer/contract knew about, they would still pass the screening measure.
- 91. Staff Travel and Secondary Law Enforcement Staff: Although staff travel has been suspended until May 31, 2020, BOP is still deploying BOP staff from other facilities and secondary law enforcement to assist with the COVID-19 pandemic. BOP has 122 facilities across the country. This will lead to continued exposure to other facilities which may have outbreaks, or vice versa spreading any potential outbreak to other facilities across the country.
- 92. *Contractors*: Contractors are still allowed in BOP facilities. Based on observations from declarants, contractors also may be staffing the SHU where incarcerated people are being isolated. This practice compounds the serious risk of exposing prisoners and staff to the virus. As already described above, temperature checks are not sufficient to mitigate

<sup>&</sup>lt;sup>41</sup> Federal Bureau of Prisons, *Inmate Screening Tool*,

<a href="https://www.bop.gov/coronavirus/docs/covid19">https://www.bop.gov/coronavirus/docs/covid19</a> inmate screening tool 20200202.pdf; *Staff Screening Tool*,

<a href="https://www.bop.gov/coronavirus/docs/covid19">https://www.bop.gov/coronavirus/docs/covid19</a> staff screening tool v2.8 20200327.pdf; *Visitor, Volunteer, Contractor Screening Tool*, <a href="https://www.bop.gov/coronavirus/docs/Visitor">https://www.bop.gov/coronavirus/docs/Visitor</a> Volunteer Contractor COVID-19%20Screening v1 March 2020.pdf (last visited May 16, 2020)

the risk of spread of the virus, and contractors may transmit the virus from the facility to the greater community.

- 93. *Quarantine and Isolation Protocol*: While most people who will become symptomatic with COVID-19 will do so within 14 days, group quarantine will expose everyone in the vicinity before and during first symptom manifestation. Therefore, the entire group will be at increased risk of infection and spreading that infection to the community after release.

  Quarantine measures must be taken with people kept individually isolated to reduce such spread. With proper social distancing, individuals are able to isolate at home more effectively.

  Epidemiologic models have shown that increasing release rates, coupled with stay-at-home methods, reduce the number of new cases at a greater rate than maintaining current release protocols.<sup>42</sup>
- 94. Exit Screening and Outside Trips for Healthcare: BOP is limiting access to "urgent or emergent health conditions" during the crisis. Routine outside health care is postponed. While this may reduce exposure risk to COVID-19, it results in reduced care for the myriad of other chronic health conditions that prisoners might have. Time-sensitive conditions that are addressed at routine health appointments, such as unmanaged diabetes, cardiovascular disease, and cancers, may progress and worsen during this time. If these underlying conditions are not addressed, many inmates will likely be at increased risk of severe disease or death if they do become infected with COVID-19.
- 95. *Proposed Expansion of Testing:* On May 7, 2020, BOP announced the proposed expansion of rapid testing. This proposed expansion fails to provide specific details on how

<sup>&</sup>lt;sup>42</sup> The Epidemiological Implications of Incarceration Dynamics in Jails for Community, Corrections Officers, and Incarcerated Populations at Risk for COVID-19. Lofgren et al., 2020. https://www.medrxiv.org/content/10.1101/2020.04.08.20058842v1.full.pdf

testing will increase in scope. Furthermore, the plan neglects to include a testing plan for staff, who represent an important population in ensuring infection control in correctional facilities.

# The Proposed Medically-Vulnerable Subclass Is Far More Vulnerable To COVID-19 Than The Population At Large Is

- 96. I have not seen any evidence that BOP has taken proactive measures to plan for and establish special protections of high-risk men to help prevent illness and mortality, including release from the facility on home confinement, an inpatient facility that can meet their needs, or other release options. Instead, BOP staff wait for these men to become symptomatic, experience serious illness or death while remaining in FCC Butner
- 97. Many incarcerated individuals in custody at FCC Butner have complex and chronic medical conditions and may have served long sentences and grown older while incarcerated. Declarants reported that there are many people who are elderly or have serious medical conditions at all four facilities within FCC Butner. While everyone is vulnerable to serious illness or death if they contract COVID-19, people with medical conditions or who are older are at greater risk.
- 98. People over the age of fifty face a greater risk of serious illness or death from COVID-19. According to the World Health Organization February 29, 2020 preliminary report, individuals age 50-59 had an overall mortality rate of 1.3%; 60-69-year-olds had an overall 3.6% mortality rate, and those 70-79 years old had an 8% mortality rate.<sup>43</sup>
- 99. People of any age who suffer from certain underlying medical conditions, including lung disease, heart disease, chronic liver or kidney disease (including hepatitis and dialysis patients), diabetes, epilepsy, hypertension, compromised immune systems (such as from

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<sup>&</sup>lt;sup>43</sup> Age, Sex, Existing Conditions of COVID-19 Cases and Deaths Chart, <a href="https://www.worldometers.info/coronavirus/coronavirus-age-sex-demographics/">https://www.worldometers.info/coronavirus/coronavirus-age-sex-demographics/</a> (data analysis based on WHOChina Joint Mission Report, *supra*).

cancer, HIV, or autoimmune disease), blood disorders (including sickle cell disease), inherited metabolic disorders, stroke, developmental delay, and asthma, also have an elevated risk. The World Health Organization February 29, 2020 report estimated that the mortality rate for those with cardiovascular disease was 13.2%, 9.2% for diabetes, 8.4% for hypertension, 8.0% for chronic respiratory disease, and 7.6% for cancer.

- 100. Prison and jail populations are at additional risk due to high rates of chronic health conditions and aging and chronically ill populations who may be vulnerable to more severe illnesses after infection, and to death from COVID-19 disease. More than 38% of people in correctional custody nationally have a chronic illness.<sup>44</sup>
- 101. FCC Butner houses medically vulnerable people in its medical center (FMC Butner) and also in its other three facilities. These conditions at each facility increases the risks for prisoners for severe illness or death from COVID-19.

### FMC Butner

- 102. FMC Butner is an administrative security federal medical center and mental hospital housing men designated as Care Level 4, the highest level of need in the BOP.<sup>45</sup>
- 103. Patients at Care Level 4 "require services available only at a BOP Medical Referral Center (MRC), which provides significantly enhanced medical services and limited

<sup>45</sup> See Bureau of Prisons: Better Planning and Evaluation Needed to Understand and Control Rising Inmate Health Care Costs, 64, United States Government Accountability Office, <a href="https://www.gao.gov/assets/690/685686.pdf">https://www.gao.gov/assets/690/685686.pdf</a> (June 2017); PREA Audit Report, 2, National PREA Resource Center,

https://www.bop.gov/locations/institutions/buh/PREA\_butner.pdf (Apr. 2, 2017); Care Level Classification for Medical and Mental Health Conditions or Disabilities, Federal Bureau of Prisons, 2–3 (May 2019), https://www.bop.gov/resources/pdfs/care\_level\_classification\_guide.pdf.

<sup>&</sup>lt;sup>44</sup> The Health and Health Care of US Prisoners: Results of a Nationwide Survey https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2661478/

inpatient care."<sup>46</sup> Examples of conditions that result in a Care Level 4 are: "Cancer on active treatment, dialysis, quadriplegia, stroke or head injury patients, major surgical treatment, and high-risk pregnancy."<sup>47</sup>

- 104. FMC Butner provides specialized services in all areas of medicine and is BOP's primary referral center for oncology, providing chemotherapy and radiation therapy.<sup>48</sup>
- 105. FMC Butner also manages a broad range of subacute and chronically ill incarcerated men.
- 106. FMC Butner is not equipped to provide advanced support in an ICU setting with ventilators, as serious COVID-19 cases often require.<sup>49</sup>

### FCI Butner Low

107. FCI Butner Low's primary purpose is to house individuals designated as Care Level 3.<sup>50</sup> These are men "who have complex, and usually chronic, medical or mental health conditions and who require frequent clinical contacts to maintain control or stability of their condition, or to prevent hospitalization or complications, . . . [such as] [c]ancer in partial remission, advanced HIV disease, severe mental illness in remission on medication, severe congestive heart failure, and end-stage liver disease." In other words, FCI Butner Low houses a large number of medically vulnerable people, including several Petitioners.

<sup>&</sup>lt;sup>46</sup> Care Level Classification for Medical and Mental Health Conditions or Disabilities, Federal Bureau of Prisons, 3 (May 2019) <a href="https://www.bop.gov/resources/pdfs/care\_level\_classification\_guide.pdf">https://www.bop.gov/resources/pdfs/care\_level\_classification\_guide.pdf</a>.

<sup>&</sup>lt;sup>47</sup> *Id*.

<sup>&</sup>lt;sup>48</sup> *Id*.

<sup>&</sup>lt;sup>49</sup> See Bureau of Prisons: Better Planning and Evaluation Needed to Understand and Control Rising Inmate Health Care Costs, 65, United States Government Accountability Office, <a href="https://www.gao.gov/assets/690/685686.pdf">https://www.gao.gov/assets/690/685686.pdf</a> (June 2017) (noting that FMC Butner is equipped to manage "subacute and chronically ill").

<sup>&</sup>lt;sup>50</sup> PREA Audit Report, 2, National PREA Resource Center,

https://www.bop.gov/locations/institutions/buh/PREA butner.pdf (Apr. 2, 2017).

# FCI Butner Medium I and the Camp

108. Like FCI Butner Low, Medium I and the Camp also houses men whose health care needs are classified as Care Level 3.

#### FCI Butner Medium II

- 109. Like the other facilities at FCC Butner, many people in Medium II are at high risk of serious illness or death from COVID-19.
- 110. Housing a high number of people with chronic, often untreated, illnesses in a setting with minimal levels of sanitation, overcrowded conditions, limited access to personal hygiene, limited access to medical care, and no possibility of staying at a distance from others increases the risk that these individuals will acquire COVID-19 and suffer serious complications from the disease.
- 111. Correctional facilities frequently have insufficient medical care for the population even outside times of crisis. Around April 1, 2020, FCC Butner implemented a lock down in response to the outbreak of the disease. As part of FCC Butner's response to COVID-19 and the lock down, medical visits and treatments for existing serious chronic illnesses have been severely curbed or halted.
- 112. The BOP also charges prisoners, most who receive extremely low if any income, a co-pay of \$2 for each sick call visit. The BOP has not waived that copay during the crisis.

  This could deter people, many whom are no longer working because of the crisis and lockdown, from seeking help for medical care issues because they are unable to pay. Lack of medical care contributes to the risk of harm of serious illness or death due to contraction of the virus.
- 113. The lack of medical isolation units and the sick call procedures, including required co-pays, further contribute to the lack of adequate medical care for incarcerated men

with risk factors of serious illness or death from COVID-19 infection. The lack of adequate medical care contributes to the risk of serious illness or death from COVID-19 or other medical complications that remain untreated.

### Reducing the Population as an Infection Control Measure

- 114. Releasing as many prisoners as possible from FCC Butner is important to protect the health of prisoners, the health of correctional facility staff, the health of health care staff, and the health of the community as a whole.
- 115. Despite the significant restrictions Governor Roy Cooper has ordered, federal correctional officials have not provided assurances that FCC Butner has implemented or can implement key recommendation to prevent spread of COVID-19 in its correctional facilities, or from correctional facilities to the community. In particular, these officials have not indicated that the BOP has implemented or plan to implement the measures necessary to achieve physical distancing, screening, medical isolation or quarantine, or enhanced hygienic practices that has been deemed essential to prevent the spread of coronavirus.
- 116. While every effort should be made to reduce exposure at FCC Butner, this will be extremely difficult, and nearly impossible, to achieve and sustain given the level of infection already in FCC Butner. It is therefore an urgent priority in this time of public health emergency to significantly reduce the number of persons at FCC Butner as quickly as possible.
- 117. BOP's efforts to move people generally, including those who are vulnerable, to home confinement or other release options within the BOP system since this crisis began have been sluggish, ineffective, and confusing. Mr. McRae believes BOP has approved him for home confinement. However, this approval was a month ago and he has yet to be released, so it is unclear whether BOP reversed course, as it has recently for other prisoners, on its decision.

118. The BOP has not shown that it can protect the incarcerated men at FCC Butner from the pandemic and the resulting unreasonable risk of harm to the prisoners and BOP staff. Significant reduction of the population at FCC Butner, including release of all individuals who are medically-vulnerable, therefore, is essential and the only way to mitigate the unreasonable risk of harm at FCC Butner during this national public health emergency. For the people that remain in custody there, proactive disease control measures must be implemented.

Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed this 22nd day of May, 2020.

li Bly

Professor Chris Beyrer

# CURRICULUM VITAE Chris Beyrer, MD, MPH

### PERSONAL DATA

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Web: <a href="http://faculty.jhsph.edu//?F=Chris&L=Beyrer">http://faculty.jhsph.edu//?F=Chris&L=Beyrer</a>

### **EDUCATION AND TRAINING**

B.A. 1981 Hobart and William Smith Colleges, History, Cum Laude

M.D. 1988 State University of New York Health Sciences Center at Brooklyn, Cum

Laude

M.P.H. 1991 The Johns Hopkins University, School of Hygiene and Public Health

# **Postdoctoral Training**

Resident in Preventive Medicine, School of Medicine, The Johns Hopkins University, Baltimore, Maryland

1990-92 Fellow in Infectious Diseases, Department of Medicine, School of Medicine,

The Johns Hopkins University, Baltimore, Maryland

1988-89 Intern in Family Medicine, School of Medicine, University of Wisconsin,

Madison, Wisconsin

Certification: Diplomat, American Board of Preventive Medicine

# PROFESSIONAL EXPERIENCE

2019-	Protocol Co- Chair	HPTN 096: Getting to Zero for Black MSM in the American South, The HIV Prevention Trial Network, U.S., NIH.
2019-	Member	Scientific Governance Committee, HIV Vaccine Trials Network, U.S., NIH.
2019-	Member	Executive Committee, HIV Prevention Trials Network, U.S., NIH.
2017-	Joint Appointment	Professor of Medicine, Division of Infectious Diseases, Johns Hopkins School of Medicine
2017-19	Faculty Senator	Department of Epidemiology, Johns Hopkins Bloomberg SPH
2015-	Endowed Professor	Inaugural Desmond M. Tutu Professor in Public Health and Human Rights
2015-17	Co-Chair	International Advisory Board, Australian Society for HIV Medicine
2014-	Protocol Chair	HPTN 078: Enhancing surveillance and treatment for MSM in the United States, The HIV Prevention Trials Network, U.S., NIH.
2014-	Joint Appointment	Professor, School of Nursing, Johns Hopkins University.
2013-	PI	Training Grant (T 32) in HIV Epidemiology and Prevention Sciences
2012-	Co-PI	The Johns Hopkins Center for AIDS Research (CFAR)
2008-10	Joint Appointment	The School of Advanced International Studies, Johns Hopkins University, Professorial Lecturer in International Policy
2007-	Associate Director	Johns Hopkins Center for Global Health.
2007-	Joint Appointment	Department of Health, Behavior and Society, Bloomberg School of Public Health, The Johns Hopkins University, Baltimore, Maryland.
2006-	Professor	Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health (joint appointment in International Health).

2006-11	Co-Chair	IDU Working Group, HIV Vaccine Trials Network (HVTN) Leadership Group.
2004-06	Associate Professor	Department of Epidemiology, Bloomberg School of Public Health, The Johns Hopkins University.
2004-	Founder and Director	Center for Public Health and Human Rights (CPHHR), Bloomberg School of Public Health, The Johns Hopkins University. Establishment of new program in public health and human rights focused on research, teaching, and advocacy around population level health impacts of rights violations.
2004-	Adjunct Assoc. Prof.	Faculty of Tropical Medicine and Public Health, Mahidol University, Bangkok, Thailand.
2003-05	Director	International Core, Center for AIDS Research (CFAR), The Johns Hopkins University. Creation of new core program within JHU CFAR Program for international HIV/AIDS prevention and treatment research.
2002-07	Protocol Chair	HVTN Protocol 903, "HIV Vaccine Preparedness Studies." Chair and Principal Investigator for HIV Vaccine Trials Network preparedness studies in Haiti, Puerto Rico, Dominican Republic, Botswana, Jamaica, and Peru.
2001-08	Senior Scientific Liaison	HIV Vaccine Trial Network Leadership Core, Fred Hutchinson Cancer Research Center, University of Washington. Lead liaison with mission of increasing HIV vaccine trial site capacity in Asia.
2000-04	Associate Research Professor	Department of Epidemiology, School of Hygiene and Public Health, The Johns Hopkins University.
1999-00	Associate Scientist	Department of Epidemiology, School of Hygiene and Public Health, The Johns Hopkins University.
1998-03	Director	Johns Hopkins University Fogarty Tuberculosis International Training and Research Program. The Johns Hopkins University, Baltimore, Maryland. Principal Investigator for program, whose mission is to increase capability of developing country scientists to conduct Tuberculosis prevention and control research.

1997-12	Director	Johns Hopkins University Fogarty AIDS International Training and Research Program (AITRP). The Johns Hopkins University, Baltimore, Maryland. Principal Investigator for program, whose mission is to increase capability of developing country scientists to conduct research in HIV/AIDS and related health issues.
1997-04	Director	Johns Hopkins University Special International Post-Doctoral Research Program in AIDS. The Johns Hopkins University, Baltimore, Maryland. Principal Investigator for program, whose mission is to increase capability of developing country scientists to conduct advanced and Post-Doctoral level research in HIV/AIDS and related health issues.
1997-99	Assistant Scientist	Department of Epidemiology, School of Hygiene and Public Health, The Johns Hopkins University, Baltimore, Maryland.
1994	Joint Appointment	Department of International Health, Bloomberg School of Public Health, The Johns Hopkins University.
1992-96	Research Associate	Department of Epidemiology, School of Hygiene and Public Health, The Johns Hopkins University.
1992-96	Field Director	Preparation for AIDS Vaccine Evaluations (PAVE) and HIV Network (HIVNET) Projects, Department of Epidemiology, School of Hygiene and Public Health, The Johns Hopkins University, Baltimore, Maryland (Chiang Mai, Thailand). Field responsibility for enrollment and maintenance of series of cohorts of high risk HIV negative individuals in Northern Thailand. PAVE and HIVNET are joint projects between Johns Hopkins University, Chiang Mai University, U.S. National Institutes of Health, Royal Thai Army, and Ministry of Public Health, Thailand.
1992	Visiting Researcher	Division of Microbiology and Infectious Diseases, NIAID, NIH. Research and generation of Report to the Secretary of National Commission on Safer Childhood Vaccines.

1992	Study Physician	Johns Hopkins Project-White River, Department of International Health, School of Hygiene and Public Health, Baltimore, Maryland (White River, Arizona). Clinical care and evaluation of adverse events for study subjects enrolled in Phase III trial of recombinant Rhesus Rotavirus Vaccines among Native American infants. Development of study design and training of field workers and nursing staff for "Long Term Follow-Up Evaluation of H. Influenza Type b Conjugate Vaccines among Navaho Infants." Development of protocol for proposed study of "Prevalence of Sexually Transmitted Diseases Among White Mountain Apache Women." Supervision of field workers and nursing staff on multiple study sites for ongoing research projects.
1992	Volunteer Physician	Hu Hu Kam Memorial Hospital on Gila River Indian Reservation, Arizona. Outpatient clinical care for children and adults, clinical care for study subjects enrolled in Johns Hopkins research projects.
1990-91	Study Physician	"The ALIVE Clinic" and at "the SHARE Study", Department of Epidemiology, School of Hygiene and Public Health, The Johns Hopkins University, Baltimore, Maryland. Clinical evaluations of subjects enrolled in HIV cohort studies of Intravenous Drug Users and Gay men.
1991	Medical Educator	Health Education Resources Organization (HERO), Baltimore, MD. Trained volunteers working with People With AIDS.
1988-91	Medical Director	Tibetan American Research Alliance. A non-profit organization dedicated to improving health of Tibetan refugees and research on Tibetan Medicine.
1988	Volunteer Physician	Tibetan Delek Hospital. Clinical care for refugees. Co-designed and conducted survey of prevalence of hypertension among 1,200 Tibetan adults. Organized and staffed "Tent Clinic" for 6,000 newly arrived refugees in Varanasi. Dharamsala, India.
1987	Clinical Extern	Primary Care Medicine on the Zuni Indian Reservation. Zuni, New Mexico.
1980	Field Researcher	"Traditional Health Care in Two Rural Villages," with the Center for Foreign Study. Sri Lanka.

### PROFESSIONAL ACTIVITIES

## Society Membership and Leadership

2020.	Member	Advisory Committee, Refugees International
2020	Member	External Advisory Committee, Physicans for Human Rights
2019	Member	Scientific Leadership Committee, HIV Prevention Trials Network
2019	Chair	Search Committee, Bloomberg American Health Initiative Profesorship and Assistant Prof. in Addiction and Overdose
2018	Member	Committee on Human Rights (CHR), National Academics of Science, Engineering, Medicine.
2018	Co-Chair	Third High-Level Consultation on HIV in Conservative Settings, January 25-26, Beirut, Lebanon
2017-	Member	World Health Organization Strategic and Technical Advisory Committee on HIV and Viral Hepatitis
2014-	Member	National Academy of Medicine
2014-16	President	The International AIDS Society
2015-18	Member	Advisory Committee on Health and Human Rights, Human Rights Watch, New York, NY.
2014-16	Member	Scientific Advisory Board, Towards an HIV Cure, National Institutes of Health, International AIDS Society.
2014-16	Co-Chair	The 21st International AIDS Conference, Durban, South Africa, 2016
2014-	Commissioner	Mayor's Commission on HIV/AIDS, City of Baltimore
2014-17	Member	World Health Organization Strategic and Technical Advisory Committee on HIV/AIDS
2014-15	Chair	External Review Committee, Francois Xavier Bagnoud Center for Human Rights, Harvard University
2014-	Member	Scientific Advisory Committee, George Washtington University,

### DC Center for AIDS Research

2014-	Member	Scientific Advisory Committee, Emory University Center For AIDS Research
2014-	Member	Scientific Advisory Committee, University of Rochester Center for AIDS Research
2014-	Commissioner	The RockefellerLancet Commission on Planetary Health
2014	Co-Chair	World Health Organization Consolidated Guidelines Committee for HIV Treatment, Prevention and Care Among Key Populations
2014-	Member	Study Section NIH/NIAID, AIDS Research Review Committee
2013-	Member	UNAIDS Scientific Expert Panel
2013-15	Co-Chair	Key Affected Populations Working Group, International AIDS Society
2013-15	Co-Chair	Guidelines Committee, International Association of Physicians in AIDS Care
2013-15	International Scientific Chair	8 <sup>th</sup> International Conference on HIV Pathogenesis, Treatment and Prevention, Vancouver, BC, 2015.
2012-14	President- Elect	The International AIDS Society
2013-14	Member	Conference Coordinating Committee, 20 <sup>th</sup> International AIDS Conference, Melbourne, Australia.
2012-13	Member	Conference Coordinating Committee, 7 <sup>th</sup> International Conference on HIV Pathogenesis, Treatment and Prevention, Kuala Lumpur, 2013
2012	Member	Technical Advisory Group, Global Commission on HIV and the Law
2011-14	Co-Chair	Epidemiology and Natural History Research Planning Group for Fiscal Year 2014, Office of AIDS Research, NIH.
2012-	Member	Patron's Group of the International Doctors for Health Drug Policies

2011-13	Member	Epidemiology and Natural History Research Planning Group for Fiscal Year 2012, 2013, Office of AIDS Research, NIH.
2011-12	Guest Co- Editor	The Lancet, Special Theme Issue on HIV Among Men Who Sex With Men
2010-14	Member	Scientific Advisory Board for The President's Emergency Plan for AIDS Relief (PEPFAR)
2010-12	Member	Conference Coordinating Committee, International AIDS Conference, Washington DC, 2012
2010-	Member	International AIDS Society Executive Committee
2010	Guest Co- Editor	The Lancet, Special Theme Issue on HIV Among Injecting Drug Users
2010-	Co-Chair	Track C, Epidemiology and Prevention Science for the IAS Conference on HIV Treatment, Pathogenesis, and Prevention, Rome, 2011
2010-	Member	Scientific Board, International Centre for Science in Drug Policy
2010-	President	IAS Board of Directors
2009-11	Member	AIDS Editorial Board
2009-	Member	American Epidemiological Society
2009	Member	International Research Planning Group for Fiscal Year 2011, Office of AIDS Research (OAR), Office of the Director, National Institutes of Health (NIH).
2009	Member	Epidemiology and Natural History Research Planning Group for Fiscal Year 2011, OAR, NIH.
2008-10	Member	International Research Planning Group for Fiscal Year 2010, Office of AIDS Research (OAR), Office of the Director, National Institutes of Health (NIH).
2008-09	Member	Epidemiology and Natural History Research Planning Group for Fiscal Year 2009, OAR, NIH.
2008-12	Member	Governing Council, International AIDS Society, Elected Representative for North America.

2008-14	Member	Scientific Advisory Committee, Global Health Research Center of Central Asia, School of Social Work, Columbia University, New York, New York.
2008	Member	Scientific Committee Member, Epidemiology and Prevention Research Track, XVII International AIDS Conference, Mexico City, Mexico, August 2008.
2007-	Member	PLoS Medicine Editorial Board
2007-8,	Member	Faculty Senate, Department of Epidemiology, Bloomberg School of Public Health, The Johns Hopkins University.
2006-17	Member	Global Health Advisory Committee, Open Society Foundations.
2006-09	Member	De Beers African Health Scholars Program, Bloomberg School of Public Health, The Johns Hopkins University.
2005-10	Member	Institutional Review BoardFull Committee for Human Subjects Research (IRB-FC), Bloomberg School of Public Health, The Johns Hopkins University.
2005-08	Chair	Student Funding Committee, Department of Epidemiology, Bloomberg School of Public Health, The Johns Hopkins University.
2005-12	Member	Scientific Steering Committee, HIV Vaccine Trials Network (HVTN).
2005-07	Member	Bioethics Faculty Levi Professor Search Committee, The Bioethics Institute, The Johns Hopkins University.
2005-06	Member	International Research Planning Group for Fiscal Year 2006, Office of AIDS Research (OAR), Office of the Director, National Institutes of Health (NIH).
2005-07	Member	Epidemiology and Natural History Research Planning Group for Fiscal Year 2007, OAR, NIH.
2004-06	Member	Faculty Executive Committee, Department of Epidemiology, Bloomberg School of Public Health, The Johns Hopkins University.
2002-04	Member	Faculty Advisory Committee, Department of Epidemiology,

		Bloomberg School of Public Health, The Johns Hopkins University.
2001-02	Member	Strategic Planning Committee, Department of Epidemiology, Bloomberg School of Public Health, The Johns Hopkins University.
2001-05	Member	Phase III Committee, Design Working Group, Site Expansion Working Group, Training Executive Committee, Epidemiology and Bioethics Sub-Committees, and Management Team, HIV Vaccine Trials Network
2000-02	Member	MPH Admissions Committee, Bloomberg School of Public Health, The Johns Hopkins University.
1999-00	Member	Departmental Review Committee, Department of International Health, School of Hygiene and Public Health, The Johns Hopkins University.
1996-99	Member	Board of Directors, Thai Youth AIDS Project, Chiang Mai, Thailand.
1999-00	Member	Executive Committee, Strategic Planning Committee, School of Hygiene and Public Health, The Johns Hopkins University, Baltimore, Maryland.
1998-00	Member	Student Funding Committee, Department of Epidemiology, School of Hygiene and Public Health, The Johns Hopkins University, Baltimore, Maryland.
1997-01	Member	Gay and Lesbian Medical Association.
1994-	Member	American Public Health Association.
1994-01	Member	International Lesbian and Gay Human Rights Commission.
1995-15	Member	Society for AIDS in Asia and the Pacific.
1990-91	Member	The Johns Hopkins Working Group on Financing Health Care for Persons With AIDS, reporting to the National Commission on AIDS. Development of options papers on reducing drug costs of HIV infection and on barriers to early intervention in AIDS care. Washington, D.C.

# **Participation on Advisory Panels**

2018	Member	Drug Safety and Risk Management Advisory Committee, Office of Surveillance and Epidemiology, U.S. Food and Drug Administration (FDA)
2017-	Commissioner	The International AIDS Society-Lancet Commission on the Future of Global Health and the HIV Response
2015-	Commissioner	The Johns Hopkins-Lancet Commission on Drug Policy and Health
2014	Member	Committee on the Scientific Understanding of Sexual and Gender Diversity of The African Academies of Science
2013	Member	Amici Curiae Brief of Deans and Professors of Public Health and Organizations Working in Public Health Policy and Implementation, AOSI vs USAID, United States Supreme Court.
2013	Member	Review of the PEPFAR Evaluation, Institute of Medicine
2012	Member	Drafting Committee, The Washington Declaration on HIV/AIDS
2012-	Member	Award Committee, The Elizabeth Taylor Human Rights Award, amFAR, the Foundation for AIDS Research and the IAS
2011	Member	Scientific Advisory Panel, Military Infectious Diseases Research Program (MIDRP) and National Institute of Allergy and Infectious Diseases (NIAID) review of the US Military HIV Research Program
2010-15	Member	IAS-NIDA Fellowship Awards Committee on HIV & Drug Use
2010-12	Member	Technical Advisory Group to the United Nations Commission on AIDS and the Law
2010-15	Member	Senior Advisory Team, Project SEARCH/Research to Prevention (R2P), Center for Communications Programs, JHBSPH
2010	Member	Drafting Committee, The Vienna Declaration on Drug Policy Reform
2009-	Member	Advisory Committee for the Program on Public Health and Human Rights, Human Rights Watch

2006-	Member	Global Health Advisory Committee (GHAC), Public Health Program of the Open Society Foundation/George Soros Foundations	
2006-08	Member	"The Age of AIDS" Outreach Advisory Board, FRONTLINE, WGBH Boston	
2005-09	Member	Scientific Advisory Board, International Partnership for Microbicides	
2005-08	Member	Advisory Committee, Asian Social Issues Program, The Asia Society	
2005-11	Member	Advisory Board, Sexual Health and Rights Program (SHARP), Open Society Institute	
2004-08	Member	Advisory Board, The Fisher Center for the Study of Women and Men, Hobart and William Smith Colleges, Geneva, New York	
2002-04	Member	Molecular Epidemiology, Macfarlane Burnet Institute for Medical Research and Public Health, Melbourne, Australia	
Program or Project Development			
Program	or Project Dev	elopment	
Program 2015-	or Project Deve Member	Scientific Advisory Board, Center for HIV Identification, Prevention & Treatment Services, University of California Los Angeles	
J	v	Scientific Advisory Board, Center for HIV Identification, Prevention & Treatment Services, University of California Los	
2015-	Member	Scientific Advisory Board, Center for HIV Identification, Prevention & Treatment Services, University of California Los Angeles  External Scientific Advisory Committee, Center for AIDS	
2015	Member  Member	Scientific Advisory Board, Center for HIV Identification, Prevention & Treatment Services, University of California Los Angeles  External Scientific Advisory Committee, Center for AIDS Research, Emory University, Atlanta, GA  External Scientific Advisory Committee, DC Center for AIDS	
2015 2015 2015-	Member  Member  Member  Chair, Board of Trustees	Scientific Advisory Board, Center for HIV Identification, Prevention & Treatment Services, University of California Los Angeles  External Scientific Advisory Committee, Center for AIDS Research, Emory University, Atlanta, GA  External Scientific Advisory Committee, DC Center for AIDS Research, Washington, DC	
2015 2015 2015-	Member  Member  Member  Chair, Board of Trustees	Scientific Advisory Board, Center for HIV Identification, Prevention & Treatment Services, University of California Los Angeles  External Scientific Advisory Committee, Center for AIDS Research, Emory University, Atlanta, GA  External Scientific Advisory Committee, DC Center for AIDS Research, Washington, DC	

### Gender on HIV Treatment Outcomes.

2011	Consultant	World Bank HIV/AIDS Program, Team Leader for HIV in Pakistan
2011	Consultant	World Bank HIV/AIDS Program, Team Leader for Sex Workers, HIV, Human Rights, in Low and Middle Income Countries
2010	Consultant	Institute of Medicine, The Causes and Impacts of Neglected Tropical and Zoonotic Diseases—Implications for Global Health and Opportunities for Novel Intervention Strategies
2009-	Consultant	World Bank HIV/AIDS Program, Team Leader for MSM, HIV, Human Rights, in developing countries
2009-	Consultant	Physicians for Human Rights, Crimes Against Humanity in Burma
2008-09	Consultant	Physicians for Human Rights, Mission to Zimbabwe
2004-	Consultant	Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand
2004-05	Consultant	HIV and National Security, Council on Foreign Relations
2003	Consultant	HIV/AIDS Program Evaluation for Brazil, The World Bank, Washington, D.C.
2001	Consultant	Thailand Office (for reducing HIV transmission among Thai drug users), The World Bank, Bangkok, Thailand
2001	Consultant	The World Bank Institute, HIV/AIDS Treatment Options for Developing Countries, The World Bank, Washington, D.C.
2001	Consultant	Levi Strauss Foundation, Washington, D.C.
2000	Consultant	Thailand Office, The World Bank
1997-04	Consulting Epidemi- ologist	Henry M. Jackson Foundation for Advancement of Military Medicine. Responsibility for HIV vaccine cohort development in Thailand and China
1994-96	Consultant	Program on AIDS, Thai Red Cross, Bangkok, Thailand
1993-96	Medical Advisor	Southeast Asian Information Network. Public health policy consultant for Burmese refugee populations and for democratic

		forces in Burma; creation of HIV prevention program for Radio Free Burma, BBC Burmese Language Service, Voice of America
1991	Staff Epidemi- ologist	Expanded Programme on Immunization (EPI), Pan American Health Organization. Technical consultant to EPI in measles, rubella and polio surveillance systems, case investigation and case reporting systems in Jamaica, Guyana, Trinidad and Tobago, Grenada and St. Vincent
Testimo	ny	
March 13	3, 2018.	Commission on Narcotic Drugs, U.N. Office on Drugs and Crime. "Drug Policy and the HIV Pandemic: Ways Forward." Vienna, Austria
March 10	O <sup>th</sup> , 2017	U.S. House. "Mass Incarceration, Drug Policy, and HIV."
July 18, 2	2013	U.S. Senate and House. "Where are We in Ending the AIDS Epidemic? An Update on Science."
July 11, 2012		U.S. House and Senate. "The International AIDS Conference in Washington DC, 2012, Congressional Briefing."
February 1, 2012		U.S. Senate. "PEPFAR and Combination Prevention for an AIDS-Free Generation."
June 22 <sup>nd</sup> , 2011		U.S. House of Representatives. "Piercing Burma's Veil of Secrecy: The Truth Behind the Election and the Difficult Road Ahead."
October 2	21st, 2009	U.S. House of Representatives. "U.S. Policy Toward Burma."
May 7 <sup>th</sup> , 2009		Center for Strategic and International Studies, Washington, DC. "Ethnic Nationalities in Burma."
September 15 <sup>th</sup> , 2008		U.S. Congress. Sponsored by AIDS Project LA and the Center for Public Health and Human Rights. "Men who have sex with men in the Global HIV/AIDS Epidemic."
September 10 <sup>th</sup> , 2008		U.S. Department of State. "Human Rights and Democracy Programs in Asia and Latin America: Working in Difficult Environments."
March 5, 2007		U.S. Congress. Sponsored by Physicians for Human Rights, amFAR, The Foundation for AIDS Research and HIV Medical Association. "Confronting Rapidly Emerging HIV Epidemics in

	Asia and Eastern Europe: A Special Focus on Vietnam."
September 19, 2006	"Infectious Diseases and Human Rights in Burma." At the Dialogue on Burma with Laura Bush, First Lady of the United States, UN General Assembly, New York, New York.
May 5, 2006	U.S. Congress. Sponsored by Physicians for Human Rights. Briefing on "HIV/AIDS in Asia and Central Europe: Health and prevention strategies in 'next wave' countries."
June 29, 2005	District of Columbia Council, Committees on Health and the Judiciary, hearings on "Health Care in the District of Columbia Jails. "Women's Access to Health Care in the District of Columbia Municipal Detention Complex"
February 16, 2005	U.S. Congress, House of Representatives, Committee on Government Reform, Subcommittee on Criminal Justice, Drug Policy, and Human Resources, hearing on "Harm Reduction or Harm Maintenance."
February, 2000	U.S. Senate, Sponsored by the Congressional Human Rights caucus, Asia Watch, and the Open Society Institute. "Over land heroin trafficking routes and HIV spread in South and Southeast Asia." Washington, D.C.
October, 1999	United Nations Inter-Agency Group, Sponsored by the Burma Donors Forum, and the Soros Foundation. "The current health and humanitarian status of Burmese populations on the Thai-Burma Border." New York City.
June, 1998	U.S. Congress, Sponsored by the Congressional Women's' and Human Rights caucuses. Trafficking of Burmese Women and Girls into the Southeast Asian sex industry. Washington, D.C.,
December, 1997	Office of Crime, Narcotics, and Terrorism, United States Department of State. The HIV/AIDS and heroin use situation on the India-Burma border. Washington, D.C.,
June 2, 1991	National Commission on AIDS, on "The cost of AIDS drugs and the Orphan Drug Act," and "Barriers to Early Intervention in AIDS care."

### **EDITORIAL ACTIVITIES**

2016-	Co-Chair, International AIDS Society-The Lancet Commission on the Future of Global Health and the HIV Response
2015-16	Guest Co-Editor, The Lancet, theme series on HIV, Viral Hepatitis and TB among Prisoners
2014-	Advisory Board, The Lancet HIV
2013-	Guest Co-Editor, The Lancet, theme series on Health in Burma/Myanmar
2013	Guest Co-Editor, special issue of Current Opinion in HIV/AIDS on HIV Epidemiology in Concentrated Epidemics
2012-	Editorial Board, Journal of the IAS, JIAS
2012-14	Guest Co-Editor, The Lancet, special theme issue on HIV and Sex Work
2010-2012	Guest Co-Editor, The Lancet, special theme issue on HIV and Men who have Sex with Men (MSM)
2008-10	Guest Co-Editor, The Lancet, special theme issue on HIV among People Who Use Drugs
2008-	Editorial Board, PLoS Medicine
2008-11	Editorial Board, AIDS
2005	Editorial Committee. Anti-Retroviral Therapy for Injecting Drug Users, International Harm Reduction Program, Open Society Institute.
2005-12	Editorial Board: Conflict and Health
1997-	Peer Reviews for: JAMA, Lancet, PLoS, AIDS, JAIDS, AIDS Research & Human Retroviruses, Social Science & Medicine, AIDS & Behavior, Health and Human Rights, Drug and Alcohol Dependence, Addiction

#### HONORS AND AWARDS

2020	Visiting Professorship, Desmond Tutu HIV Research Center, University of Cape Town, Cape Town, South Africa.
2019	Inaugrual "Friend of the Silom Community Clinic Award, Thai-US Collaboration on AIDS, Bangkok, Thailand, October, 2019.
2019	Invited Address, The 4 <sup>th</sup> Richard Green Founding President Annual Lecture, International Academy of Sex Research, 45 <sup>th</sup> Annual Meeting, July 25 <sup>th</sup> , Mexico City.
2018	Plenary Speaker, 61st Annual Commission on Narcotic Drugs, Vienna, Austria.
2016	Rockefeller Foundation Policy Fellow, Bellagio Residency, Oct-Nov, 2016.
2016	Keynote Speaker, Medical University of South Carolina Global Health Annual Conference.
2015	Inaugural Desmond M. Tutu Professor in Public Health and Human Rights.
2014	Elected, Institute of Medicine, Class of 2014.
2013	Recipient, Hobart Medal of Excellence.
2013	Invited Keynote Speaker, Association of Nurses in AIDS Care (ANAC) Annual Conference, Atlanta, Georgia, Nov. 23, 2013.
2013	Invited Keynote Speaker, APCOM Pre-Conference, the 11 International Conference on AIDS in Asia and The Pacific, Bangkok, Thailand Nov. 17 <sup>th</sup> , 2013.

2013	Recipient, 2013 Alumni Public Health Award, SUNY Downstate Medical Center, May 24, 2013.
2013	Invited Plenary Speaker, the 20 <sup>th</sup> Conference on Retroviruses and Opportunistic Infections (CROI), Atlanta, GA, March 5, 2013.
2013	Invited Speaker, The 21 <sup>st</sup> John P. Johnson Memorial Lecture, The University of Maryland School of Medicine, February 7, 2013.
2012	Dean's Lecture, Yale University School of Public Health, November 29 <sup>th</sup> , 2012.
2012	Honorary Doctorate in Health Sciences, Chiang Mai University, Chiang Mai Thailand, awarded Jan 17 <sup>th</sup> , 2012.
2011	Invited Speaker, HIV Grand Rounds, the University of Pennsylvania Center for AIDS Research, December 21, 2011.
2010	Profiled in <i>The Lancet</i> by Das P.: "Chris Beyrer: advocate for social justice and health as a human right." <i>Lancet</i> , 2010 Jul 24;376(9737):225.
2009	Recipient, with Physicians for Human Rights, 2009 World Humanitarian Award, Human Rights Institute, Kean University. For investigation and reporting on crimes against humanity in Zimbabwe.
2009	Invited Keynote Speaker, U.SRussia HIV/AIDS Prevention Workshop, "HIV/AIDS Epidemiology in the Russian Federation; Informing the Response," Office of AIDS Research of the U.S. NIH and The Russian Ministry of Health Conference, Moscow, Russia, October 28 <sup>th</sup> , 2009.
2009	Invited Keynote Speaker, North American Housing and HIV/AIDS Research Summit Mobilizing Knowledge: Housing is HIV Prevention and Care, Washington, DC, June 3 <sup>rd</sup> , 2009.
2008	Invited Plenary Speaker, Second International AIDS Society Conference for Eastern Europe and Central Asia, Moscow, Russia, May 3 <sup>rd</sup> , 2008.

2008	Invited Dean's Lecture, "Sexual Health, HIV/STI, and Human Rights," Johns Hopkins Bloomberg School of Public Health, March 5th, 2008.
2007	Invited Plenary Speaker, 17 <sup>th</sup> Biennial International Society for Sexually Transmitted Diseases Research, Seattle WA, August 1, 2007
2006	Invited Plenary Speaker, 16 <sup>th</sup> International AIDS Conference, Toronto, Canada, August 14, 2006.
2006	Invited Keynote Speaker, 2006 Open Society Institute Network Public Health Program Partners Conference, Moscow, Russia, May 12, 2006.
2005	Invited Plenary Speaker, 3 <sup>rd</sup> International AIDS Society Conference on HIV Pathogenesis and Treatment, Rio de Janeiro, Brazil, July 24 <sup>th</sup> , 2005.
2005	Finalist, NIH Director's Pioneer Award (NDPA), National Institutes of Health.
2005	Recipient, Community Service Award, District of Columbia's Prisoners' Legal Services Project, Washington, D.C., for "Defending the Human Rights of Incarcerated People."
2003	Recipient, Humanitarian of the Year Award for Service to the People of Guangxi Province, Guangxi Provincial Government, People's Republic of China
2003	Nominee, Jonathan Mann Prize in Health and Human Rights, Washington, D.C.
2000	Elected, Delta Omega Honorary Public Health Society, Alpha Chapter, School of Hygiene and Public Health, The Johns Hopkins University, Baltimore, Maryland.
1999	Recipient, Charlotte Silverman Fund Award for Epidemiology and Policy, Department of Epidemiology, School of Hygiene and Public Health, The Johns Hopkins University, Baltimore, Maryland.
1999	Nominee, Jonathan Mann Prize in Health and Human Rights (first award), Washington, D.C.
1988	Winner, Lowell E. Bellin Award for Excellence in Preventive Medicine and Community Health, State University of New York Health Sciences Center at Brooklyn, Brooklyn, New York.
1987	Recipient, Dr. Michael Kenny International Fellowship Fund Grant for Study

	in India, State University of New York Health Sciences Center at Brooklyn, Brooklyn, New York.
1987	Elected, Alpha Omega Alpha, State University of New York Health Sciences Center at Brooklyn, Brooklyn, New York.
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#### **RESEARCH INTERESTS**

- HIV/AIDS Epidemiology, Prevention Science, and Policy
- HIV/AIDS, HCV and TB among key populations, including people who use drugs, gay, bisexual and other men who have sex with men, transgender persons and sex workers
- Public Health and Human Rights

York.

- LGBTQ Health and Rights
- Development of Research Capability in Developing Country Settings

#### **PUBLICATIONS**

#### **Journal Articles**

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- 145. **Beyrer C.** HIV/AIDS and Human Rights: Evidence-Based Approaches. 3<sup>rd</sup> IAS Conference on HIV/AIDS in Eastern Europe and Central Asia, Moscow, Russia, October 28-30<sup>th</sup>, 2009. [Oral Presentation, 234]
- 146. Baral, S., Segumona, P., Diouf, D., Poteat, T., Ndaw, M., Drame, F., Trapence, F., Traore, F., Bhattacharya, S., Dhaliwal, M, **Beyrer** C. Criminalization of same sex practices as a structural driver of HIV risk among Men who have Sex with Men (MSM): The Cases of Senegal, Malawi, and Uganda. *XVIII International AIDS Conference*. Vienna, 2010. Abstract number: 10948
- 147. Kaibe, B. Lebona, J., Letsie, P. Adams, D., **Beyrer** C. Baral, S. A Rapid Assessment of HIV risks and human rights status of Men who have Sex with Men (MSM) in Lesotho. *XVIII International AIDS Conference*. Vienna, 2010. Abstract number: 11016

- 148. **Beyrer** C., Baral, S., Sifakis, F., Walker, D., Wirtz, A., Johns, B., Sifakis, F. An epidemic scenario based approach to assessing global HIV epidemics among men who have sex with men (MSM) in low and middle income countries (LMIC)" *XVIII International AIDS Conference*. Vienna, 2010. Abstract number: 14729
- 149. Poteat, T., Diouf, D., Baral, S., Ndaw, M., Drame, F., Traore, F., Dhaliwal, M., Wirtz, A., **Beyrer C**. The Impact of criminalization of same sex practices on HIV risk among men who have sex with men (MSM) in Senegal: Results of a qualitative rapid assessment. *XVIII International AIDS Conference*. Vienna, 2010. Abstract number: 8112
- 150. Janngeon, U, Suwanvanichkij, V., Chhabra, M., Minh Quan, V., Phowee, M., Celentano, D., **Beyrer C**. Access to care for HIV-positive drug users in a slum community of Bangkok, Thailand. *XVIII International AIDS Conference*. Vienna, 2010. Abstract number: 0759
- 151. Peryshkina, P., Kizub, D., Deobald, I., Masenior, N., Wirtz, A., Moguilnyi, V., Kostetskaya, I, Sifakis, F., **Beyrer C**. Men who have sex with men (MSM), Physicians, and Nongovernment Organizations (NGOs): Finding agreement on the HIV risk environment and service provision for MSM in Russia. *XVIII International AIDS Conference*. Vienna, 2010. Abstract number: 0693
- 152. Wirtz, AL, Walker, D., Baral, SD, Sifakis, F, Johns, B., Bollinger, L., **Beyrer C**. Combination HIV prevention for MSM in Concentrated and Generalized Epidemics: Modeling the Impacts of HIV Prevention Interventions for MSM in Peru and Kenya. *18<sup>th</sup> Conference on Retroviruses and Opportunistic Infections*. Boston, 2011. Abstract number: Y164.
- 153. Galai, N, Zelaya, CE, Wirtz, AL, Peryshkina, A, Dyakonov, K, Moguilnyi, V, **Beyrer C**. Moscow MSM study (BeSafe) of HIV prevalence, risk behaviors and sexual orientation: Design and initial results. *XIX International AIDS Conference*. Washington D.C., 2012. Abstract number: MOPE298.
- 154. Wirtz, A, Moguilnyi, V, Nikitina, M, Ostrovskaya, M, Kuznetzova, J, Peryshkina, A, **Beyrer,C**, Decker, M. Prevalence of sexual and injecting drug related HIV risks among female sex workers in the Russia Federation. *XIX International AIDS Conference*. Washington D.C., 2012. Abstract number: PE329
- 155. Wirtz, A, Dyakonov, K, Zelaya, C, Deobald, I, Moguilnyi, V, Peryshkina, A, Latkin, C, **Beyrer C**, Galai, N. HIV risks and vulnerabilities for migrant men who have sex with men (MSM) in Moscow, Russia: social experiences, identity, and sexual risk. *XIX International AIDS Conference*. Washington D.C., 2012. Abstract number: THPE378

- 156. Wirtz, A, Pretorious, C, **Beyrer C**, Baral, S, Sherman, S, Decker, M, Sweat, M, Kerrigan, D. Modeling the impacts of a comprehensive community empowerment-based, HIV prevention intervention for female sex workers in generalized and concentrated epidemics: Infections averted among sex workers and adults. *XIX International AIDS Conference*. Washington D.C., 2012. Abstract number: Oral Abstract THAC0502.
- 157. Baral, S, Poteat, T, Wirtz, A, Stromdahl, S, **Beyrer, C**. Global burden of HIV infection among Transgender persons: A Systematic Review and Meta-Analysis. *XIX International AIDS Conference*. Washington D.C., 2012. Abstract number: Oral Poster Discussion THPDC0202.
- 158. Berry, M, Wirtz, A, Janayeva, A, Ragoza, V, Terlikbayeva, A, Amirov, B, Baral, S, **Beyrer**, C. Risk factors for HIV and unprotected anal intercourse among men who have sex with men (MSM) in Almaty, Kazakhstan. *XIX International AIDS Conference*. Washington D.C., 2012. Abstract number: MOPE291.
- 159. Berry, M, Wirtz, A, Janayeva, A, Ragoza, V, Terlikbayeva A, Amirov, B, Baral, S, **Beyrer**, C. Association between human rights violations and HIV risk behaviors among men who have sex with men (MSM) in Almaty, Kazakhstan. *XIX International AIDS Conference*. Washington D.C., 2012. Abstract number: MOPE268.
- 160. Wirtz, A, Trapence, G, Jumbe, V, Umar, E, Ketende, S, Kamba, D, Berry, M, Stromdahl, S, **Beyrer C,** Baral, S. HIV prevalence, sexual risks and HIV knowledge among men who have sex with men (MSM) in Malawi: understanding risks among a stigmatized population and opportunities for interventions. *XIX International AIDS Conference*. Washington D.C., 2012. Abstract number: FRLBX03
- 161. Teklu, A, Beyene, H, Chawicha, K, Weiss, B, Holt, E, **Beyrer C**, Ruff, A. Improving retention in care among HIV/AIDS patients on anti-retroviral therapy (ART) through the use of ART-experienced patients acting as adherence supporters: a cluster randomized controlled trial in one region in Ethiopia. Supported by FIC D43 TW000010. *XIX International AIDS Conference*. Washington D.C., 2012. Abstract number: LBPE53.
- 162. Zelaya, C, Wirtz, A. Galai, N, Peryshkina, A, Dyakonov, K, **Beyrer C.** High prevalence of undiagnosed HIV infection despite high levels of reported history of HIV testing among men who have sex with men (MSM) in Moscow, Russia. *XIX International AIDS Conference*. Washington D.C., 2012. Abstract number: MOPE292.
- 163. Baral, S, **Beyrer C**, Muessig, K, Poteat, T, Wirtz, A, Decker, M, Sherman, S, Kerrigan, D. High and disproportionate burden of HIV among female sex workers in low- and middle-income countries: a systematic review and meta-analysis. *XIX International AIDS Conference*. Washington D.C., 2012. Abstract number: THAC0501.
- 164. Beckman, S, Kennedy, C, Winch, P, **Beyrer C**, Kerrigan, D. Sex work, motherhood and HIV in Iringa, Tanzania: roles, responsibilities and risks. *XIX International AIDS Conference*. Washington D.C., 2012. Abstract number: THPE384.

- 165. Guadamuz, T, Boonmongkon, P, Diaz, R, Stall, R, **Beyrer C,** Celentano, D, Kegeles, S. Intimate partner violence, risky sex and the internet: toward an evidence-based intervention development for young men who have sex with men (YMSM) in provincial Thailand. *XIX International AIDS Conference*. Washington D.C., 2012. Abstract number: THPE415.
- 166. Decker, M, Wirtz, A, Ostrovskaya, M, Moguilnyi, V, Kuznetsova, J, Nikitina, M, Peryshkina, A, **Beyrer C.** Female sex workers in the Russian Federation: HIV prevalence and links with violence. *XIX International AIDS Conference*. Washington D.C., 2012. Abstract number: THPE419.
- 167. Stromdahl, S. Onigbanjo Williams, A, Eziefule, B, Emmanuel, G, Iwuagwu, S, **Beyrer C**, Anene, O, Baral, S. An assessment of stigma and human rights violations among men who have sex with men (MSM) in Abuja, Nigeria. *XIX International AIDS Conference*. Washington D.C., 2012. Abstract number: THPE482.
- 168. Yang, D, Chariyalertsak, C, Wongthanee, A, Kawichai, S, Yotruean, K, Guadamuz, T, Suwanvanichkij, V, **Beyrer C**, Chariyalertsak, S. Acceptability of HIV pre-exposure prophylaxis (PrEP) with Truvada among men who have sex with men (MSM) and male-to-female transgender persons (TG) in northern Thailand. *XIX International AIDS Conference*. Washington D.C., 2012. Abstract number: Oral Abstract TUAC0303.
- 169. Amirov, B, Tukeyev, M, Riazanova, G, Dzissyuk, N, Zhumashova, Z, Abishev, A, Zhakipbayeva, B, Terlikbayeva, A, El-Bassel, N, **Beyrer C**, Goodenow, M, Salemi, M. High-resolution molecular epidemiology of HIV-1A and CRF02\_AG in Kazakhstan reveals an emergent epidemic spreading through the Turkestan-Siberia railway. *XIX International AIDS Conference*. Washington D.C., 2012. Abstract number: TUPE163.
- 170. Baral S, Wirtz A, Jumbe V, Ketende S, Kamba D, **Beyrer C**, Umar E, Stromdahl S, Trapence G. The feasibility of implementing and evaluating combination HIV prevention interventions for high-risk populations in stigmatized settings: the case of men who have sex with men in Malawi. 7<sup>th</sup> IAS Conference on HIV Pathogenesis, Treatment and Prevention. Kuala Lumpur, Malaysia, 2013. Abstract number: MOAC0105.
- 171. Beckham SW, **Beyrer** C, Luckow P, Doherty M, Negussie E, Baral SD. Marked gender differences in mortality on ART in lower- and middle income countries: a systematic review and meta-analysis. 8<sup>th</sup>, International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention. Vancouver, Canada, July 2015.
- 172. Mitchell K, Hoots B, Dimitrov D, Farley J, Gelman D, Flynn C, Adeyeye A, Remien RH, **Beyrer C**, Paz-Bailey G, Boily M. Potential impackt on HIV incidence of Increasing Viral Suppression amoung HIV-postivie MSM in Baltimore: Mathematical Modelling for HPTN 078. HIV Research for Prevention 2016: AIDS Vaccine, Microbicide and ARV-based Prevention Science (HIVR4P), Chicago USA October 17-21 2016

- 173. Fields EL, Uzzi O, Long A, Ellen J, **Beyrer C**, Jennings JM. Identification of HIV Transmission Networks Among Sex Partner Meeting Venues and Development of a Venue-Based PrEP Implementation strategy for Young Black MSM. American Public Health Association Atlanta Nov 2017
- 174. Fields EL, Uzzi O, Long A, Ellen J, **Beyrer C**, Jennings JM. Devlopment of Strategies to Reach Young Black MSM on Geo-Social Networking (GSN) Apps for Public Health Messaging and HIV Prevention. American Public Health Association Atlanta Nov 2017

# **CURRICULUM VITAE**

# Chris Beyrer, MD, MPH

# PART II

# **TEACHING**

# Advisees

<u>Current</u>	<u>Degree</u>	<b>Date Expected</b>	Thesis Title (where applicable)
Jirair Ratevosian	DrPH	2021	
Adeola Ayedun	MPH	2020	
Tidoola Tij oddii	1111 11	2020	
Jowanna Malone	PhD	2021	
Shamelle Richards	JD/MPH	May/June 2021	
Jordan White	DrPH	2021	

# Advisees

<u>Former</u>	<u>Degree</u>	<u>Date</u> Completed	Thesis Title (where applicable)
Hong-Ngoc Ba Nguyen	MHS-Epi	1998	
Kavita Lole, MD	PhD		
Joia Mukherjee, MD	PDF		
Deepa Patke, PhD	PhD		
Hibist Astatke Student at University of Maryland	PhD	1999	HIV-Hazardous Behaviors among Adolescents in Nazareth, Ethiopia
Neil Martinson, MBChB, MPH	PDF	2001	
Karen Fujii	MHS-Epi	2000	

Wei Hua	MHS-Epi	2000	
Kristen Melbye	MHS-Epi	2000	
David W. Dowdy	ScM	2002	Nucleic Acid Amplification Tests for Rapid Diagnosis of Pulmonary Tuberculosis in Smear-Positive Patients. A Comprehensive Cost-Effectiveness Analysis.
Angelia A. Eick	ScM-Epi	2002	Safety and Immunogenicity of Two Octavalent Pneumococcal Conjugate Vaccines in Native American Infants
Steven Reynolds, MD	МРН	2002	Recent HSV-2 infection and the risk of HIV-1 acquisition in Pune, India
Radhika Parikh	MPH	2002	
Gayle Baker, BA	MHS-Epi	2003	Adverse pregnancy outcomes and early childhood mortality in mothers infected with HTLV-1 in Jamaica
James Aizire, MBBS	MHS-Epi	2003	"Who is at risk? Pattern and Distribution of Gonorrhea and Chlamydia in a high HIV-1 epidemic rural Ugandan population: Evidence from a population based study."
Hannah Nalwanga Kibuuka, MBChB, MMED	MPH	2003	
Abhijeet Anand, MBBS	MPH	2003	Capstone Paper: Human Papilloma Virus and its Interaction with STDs and HIV
Julie Anne Stachowiak, MPH	PhD-IH	2004	'I Have Managed to Remain Human': A Qualitative and Quantitative Examination of Human Rights, Sex Work and HIV/STIs in Russia
Christopher Guerry	MHS-IH	2004	A Summary of Work Conducted with the Back Pack Health Worker Teams

			Mae Sot, Thailand
Upinder Jodhka, BS	MHS-Epi	2004	Residential Instability and HIV Seroconversion Among ALIVE Participants in Baltimore
Ami Shah Brown, MPH	PhD-IH	2004	Preparedness for International AIDS Vaccine Trials: Lessons Learned from a Multi-Site Study of Knowledge, Attitudes and Willingness to Participate
Soe Naing, MD	МРН	2004	Capstone Paper: Risks for Substance Use and Sexually Transmitted Diseases among Northern Thai Sex Workers: The Impact of Age of Initiation
Adam Richards, MD	МРН	2004	Capstone Paper: Malaria Morbidity Among Internally Displaced Persons in Eastern Burma: A Public Health and Human Rights Assessment
April Naegeli, BS MT	МРН	2004	Capstone Paper: A review of Literature Concerning Multiply-Drug Resistant Acinetobacter sp. Outbreaks in Intensive Care Unit Settings
Abdinasir Adem, MD	MPH	2004	
Thira Woratanarat, MD	PHD	2004	
Maia Zarandia, PhD	PHD	2004	
Voravit Suwanvanichkij, MD	MPH	2005	
Atheer Ahmed	МРН	2005	Capstone Paper: Policy Impetuses Behind the Iraqi National AIDS Program: Does the change in the political climate exclusively equal a change in health policy?
Adam Langer, DVM	MPH	2005	Capstone Paper: From Plate Back to Gate: Enhancing Trace Back in Cases of

			Foodbourne Illness: An Analysis of a Public Health Problem
Monica Malta	MPH	2005	Targeting HIV-positive cocaine users specific needs in Brazil
Thomas Guadamuz	MHS	2005	Capstone Paper: The role of a cost- effectiveness modeling of universal trimethoprim sulfamethoxazole as primary prophylaxis for infants born to HIV-1 positive mothers as an effective response to the current AIDS epidemic among infants in Thailand, a public health policy analysis
Sebastian Tongson	ScM	2005	- [Changed adviser]
Anne Spaulding	MPH	2005	Collecting Evidence: Transforming the Delivery of Correctional Health Care in United States Prisons into Evidence- Based Practice. Analysis of a Public Health Problem
Suphachai Sakkachornphop [Student at Chiang Mai University in Thailand]	MHS	2006	Development of Multi-region, Subtype- specific PCR (MSSP) as Genetically Identify and Distinguish HIV-1 Subtypes B, C, CRF01_AE and Their Forms
Pankaj Sadaphal, MD	DrPH-Epi	2006	The World Bank-ORG Tuberculosis Patient Survey: Lessons from Three States in India
Zeenat Patel, MD	MPH/ MBA	2006	Risks for HIV and HCV Among Injecting Drug Users in Dushanbe, Tajikistan
Angelia A. Eick, (ScM completed 6-2002)	PhD-Epi	2006	Pneumococcal Carriage and Disease in an Age of Routing Pneumococcal Conjugate Vaccination: A Study Among Navajo and White Mountain Apache Children
Monica Desai	MPH	2007	HIV Prevention and Awareness in African UN Peacekeeping Forces

Swati Gupta, MPH	DrPH-Epi	2007	Key Epidemiological Issues in the Preparation of Cell Mediated Immunity- Based HIV Vaccine Trials
Thomas Guadamuz	PhD	2007	Using Venue-Day-Time Sampling to Assess HIV Prevalence and Correlates Among Men Who Have Sex With Men Populations in Thailand (Co-Advisor with Dr. David Celentano)
Daniela Rohne- Garlapati	МРН	2007	Hand Hygiene in the Hospital Setting— An Analysis of a Public Health Problem
William Davis	MPH	2008	Identification of Rapid Tests for Sexually Transmitted Infections for use in Assessment of Gender-Based Violence in Conflict Zones.
Gampo Dorji	МРН	2008	Forecasting and Reconstruction of HIV/AIDS Epidemic in Bhutan From Year 1993-2015
David W. Dowdy, (ScM completed 6- 2002)	MD/ PhD-Epi	2008	Impact and Cost-Effectiveness of Mycobacterium Growth Indicator Tube (MGIT) for Detecting Pulmonary Tuberculosis in HIV-Infected Brazilian Adults.
Allan Massie	MHS	2008	Predictors of Bacterial Vaginosis in Pregnant Women in Rural Bangladesh.
Kiran Joshi	MD-MPH	2008	HIV/AIDS in India - opportunities for advocacy in the U.S.
Romanee Chaiwarith	PHD	2008	
Sonal Singh	МРН	2008	Association Between Human Rights Violations and HIV-Related Health Behavior Among MSM and Third Gender in Nepal: A Retrospective Cross Sectional Survey [Co-Adviser with Dr. Luke Mullany]
Darshan Sudarshi	MPH	2009	Malaria, Human Rights and Burma

Lara Bishay	МРН	2009	At Highest Risk, Yet Most Underserved: Associations of HIV Risk Behaviors in MSM in St Petersburg and Moscow
Bulbulgul Aumakhan, MD	DrPH-Epi	2009	Genital Herpes in High Risk HIV-1 Infected And HIV-1 Uninfected Women in US: Quantitative and Qualitative Evaluation of HSV Infection and its Interaction with HIV-1
Darya Kizub	BA	2009	Studying the Relationship between Demographic Factors, History of Injection Drug Use, HAART Adherence, and Stating HAART among HIV/AIDS patients in the Russian Federation.
Stefan Baral, MD, MBA, MSc	PDF-Epi	2010	HIV and Human Rights among MSM in West and Southern Africa.
Chuka Anude MD-MHS,	PhD	2011	Predictors and Prediction Modeling of Mortality, Drop Out, and Immuno- virologic outcomes among HIV-1 infected Adults receiving HAART in Nigeria
Marco Ambrosio	MPH	2011	
Celia Hagan	MPH	2011	
Nora Rowley	MPH	2011	
Adrienne Shapiro	MD/PhD	2011	Evaluating An Intervention for Active Case-Finding for TB and HIV in South Africa
Krystal Mason	MHS	2012	[Co – Advisor with Jonathan Golub]
Parichat Salee	MHS	2012	
Darshan Sudarshi	PDF-Epi	2013	Malaria, Human Rights and Burma

Kate Grabowksi, MHS	PhD	2014	Patterns and predictors of the epidemiological and evolutionary dynamics of HIV-1 in Rakai, Uganda
William Davis	DrPH	2014	Health and Human Rights in Post- Conflict Eastern Burma: Militarization, Risk and Resilience
Michael Wiener	iMPH	2014	
Arielle Slam	MPH/MBA	2014	
Monica Malta	PDF	2014	
Eugene Richardson	PDF	2014	
Brian Weir, PhD	PDF	2014	
Kora deBeck	PDF	2015	
Sarah Beckham	PDF	2015	
Kate Grabowski, PhD	PDF	2015	
Sonal Singh	MHS	2016	
William Davis DrPH	PDF	2016	
Cassia Wells MD	GPMR MPH	2017	
Nicholas Thomson	PDF, NIDA-IAS Fellow	2017	
Julia Raifman- Goldberg	PDF	2017	
Xiao-Fang Wang	PDF	2017	

Kate Shearer	PhD	2020	
	<u>Degree</u>	<b>Department</b>	<u>Date</u>
Surinda Kawichai	PhD	Ері	06/01/1998 [Alternate]
Rosa Duran	PhD	Epi	6/8/1999
Supriya Mehta	PhD	Ері	7/27/1999
Pajongsil Perngmark	PhD	HPM	9/9/1999
Amanda Gibbons	PhD	Ері	01/04/2000 [Alternate]
Shruti Mehta	PhD	Ері	06/05/2000 [Alternate]
Kimberly Ashburn	PhD	IH	6/29/2000
Alain Labrique	PhD	Ері	10/24/2000
Frangiscos Sifakis	PhD	Ері	1/24/2001
Julie Anne Stachowiak	PhD	IH	8/10/2001
Nikhil Anil Gupte	PhD	Biostatistics	10/24/2001
Irene Kuo	PhD	Ері	04/19/2002 [Alternate]
Nickolas Zaller	PhD	IH	9/19/2002
Britta C. Beenhakker	PhD	PFHS	12/19/2002
Ami Shah Brown	PhD	IH	3/26/2003
Angelia A. Eick	PhD	Ері	3/31/2004
Yingkai Cheng	PhD	Ері	5/27/2004
Gypsyamber D'Souza	PhD	Ері	8/2/2004
Katherine Andrinopoulos	PhD	IH	1/7/2005
David W. Dowdy	PhD/MD	Ері	04/21/2005 [Thesis Advisor]
Mark Kuniholm	PhD	Ері	05/17/2005 [Alternate]

Thomas Guadamuz	PhD	Ері	6/24/2005
Swati Gupta	DrPH	Ері	10/27/2005
Danstan Bagenda	PhD	IH	12/6/2005
Olumuyiwa Aina	PhD	Ері	6/15/2006 [Alternate]
Cissy Mutuluuza	DrPH	Ері	6/19/2006
Junko Onishi	PhD	IH	10/24/2006
Bulbulgul Aumakhan	DrPH	Ері	4/27/2007
Enisha Sarin	PhD	IH	5/4/2007
Ye-Mon Myint	DrPH	PFRH	1/9/2008
Homaira Hanif	PhD	IH	6/2/2008
Kelika Konda	PhD	ID	06/04/2008 [Alternate]
Catherine Maulsby	PhD	HBS	12/2/2008
Chuka Anude	DrPH	Ері	1/21/2009
Pritika Chatterjee	PhD	HBS	03/20/2009 [Alternate]
Jamie Trevitt	PhD	PFRH	04/24/2009
Adel Takruri Tonia Poteat	PhD PhD	PFRH IH	10/12/2009 [Alternate] 9/27/2010
Horacio Ruisenor-Escudero	PhD	IH	10/20/2010
Pablo Belaunzaran- Zamudio	PhD	IH	01/03/2011
Catherine Lee	PhD	IH	05/03/2011
Mary Kathryn Grabowski	PhD	Ері	06/06/2011
Sarah Beckham	PhD	IH	11/14/2011

Fleisher, Lisa	PhD	HPM	03/01/2012
Dana Cernigliaro	PhD	HBS	10/12/2012
Oliver Laeyendecker	PhD	Epi	03/26/2012
Rose Zulliger	PhD	HBS	10/31/2013
Erica Koegler Christina Rodriguez- Hart	PhD PhD	IH HBS	05/07/2014 01/27/2016
Kate Shearer	PhD	Ері	07/01/2016
Alison McFall	PhD	Ері	01/04/2017

# **Final Oral Participation**

<u>Student</u>	Degree/Dept	<b>Date</b>	Thesis Title
Sudha Sivaram	DrPH-IH	11/1/1999	AIDS Prevention Efforts to Rural India: Evaluating Their Impact and Sustainability
Supriya Mehta	PhD	2/29/2000	Emergency Department Patients: A Potential Population for Gonorrhea and Chlamydia Control Interventions
Christian Coles	PhD	3/10/2000	AIDS Prevention Efforts to Rural India: Evaluating Their Impact and Sustainability
Jennifer Smith	PhD-Epi	4/3/2000	-
Aynur Unalp-Arida	PhD-Epi	4/27/2000	Presentation versus publication of primary results in clinical trials
Celine Gounder	MS-Epi	4/28/2000	Field evaluation of a rapid immunochromatographic test for tuberculosis
Ram Rangsin	DrPH-Epi	1/23/2001	The Natural History of HIV-1 Subtype E Infection among

			Young Thai Men After Seroconversion [Alternate]
Dittakarn Boriboonhirunsarm	PhD-Epi	5/15/2001	Adverse Obstetric Outcomes in HIV-Infected Women[Alternate]
Surinda Kawichai	PhD-Epi	7/2/2001	Human Immunodeficiency Virus Voluntary Counseling and Testing (VCT) in Northern Thailand [Alternate]
Rosa M. Duran Garcia	PhD-Epi	1/15/2002	Risk Factors for Dengue Infection during the 1997 Cuban Epidemic
Waimar Tun	PhD-Epi	3/4/2002	HIV-Related Risk Behaviors and Attitudes Towards HIV Treatment in the Era of Highly Active Antiretroviral Therapy Among Injection Drug Users [Alternate]
Pajongsil Perngmark	PhD-HPM	3/7/2002	HIV infection and behavioral risk factors among injecting drug users in southern Thailand
Patti Elaine Gravitt	PhD-Epi	3/8/2002	HPV Viral Load as a Co-Factor for Cervical Neoplastic Progression: Assessment of Temporality and Potential Misclassification of Viral Load [Alternate]
Frangiscos Sifakis	PhD-Epi	3/8/2002	The epidemiology of HIV infection in the Baltimore young men's survey
Luiz A. Alves de Lima	PhD-IH	2/18/2003	Risk Factors for Kaposi's Sarcoma-Associated Herpesvirus (KSHV) Infection among Homosexual Men at High Risk for HIV Infection in Brazil
Ami Shah Brown	PhD-IH	1/7/2004	Preparedness for International AIDS Vaccine Trials: Lessons Learned from a Multi-Site Study of Knowledge, Attitudes and Willingness to Participate [Thesis Adviser]
Christy M. Fong	PhD-IH	6/25/2004	Gender and access to DOTS

			program (Directly Observed Treatment, Short-course) in a poor, rural and minority area of Gansu Province, China
Cherise P. Scott	PhD-IH	8/4/2004	Characterization of major factors in the protective efficacy of a live attenuated vaccine against Mycobacterium tuberculosis using the naturally attenuated Mycobacterium microti in the murine model [Alternate]
Nickolas D. Zaller	PhD-IH	9/20/2004	To donate or not to donate: an analysis of blood donors and blood donation knowledge, attitudes and practices in northwestern China
Ami Shah Brown	PhD-IH	10/7/2004	Preparedness for International AIDS Vaccine Trials: Lessons Learned from a Multi-Site Study of Knowledge, Attitudes and Willingness to Participate
Luke C. Mullany	PhD-IH	10/18/2004	Umbilical cord infection among newborns of southeastern Nepal
Julie Anne Stachowiak	PhD-IH	/2004	'I Have Managed to Remain Human': A Qualitative and Quantitative Examination of Human Rights, Sex Work and HIV/STIs in Russia
Rajendra Shukla	DrPH-IH	1/26/2005	Difference in TB Treatment Completion in Rural and Urban Areas [Alternate]
Britta C. Beenhakker	PhD	3/4/2005	The impact of male involvement in antenatal care in Kathmandu, Nepal [Alternate]
Pankaj Sadaphal	DrPH-Epi	10/26/2005	The World Bank-ORG Tuberculosis Patient Survey:

			Lessons from Three States in India
Kirsten M. Stoebenau	PhD-PFRH	10/31/2005	From those who "have to carry men" to those who "look to marry men": the social organization of women's sex work in Antananarivo, Madagascar [Alternate]
Jaya Jaya	DrPH-PFHS	11/18/2005	A Comparison of Survey Methodologies to Elicit Information on Sexual Health from Adolescents in Urban India
Rohit A. Chitale	PhD-Epi	03/10/2006	Diagnosis and clinical prediction of Group A Beta-hemolytic Streptococcal Pharyngitis in children in developing countries [Alternate]
Angelia A. Eick, (ScM completed 6-2002)	PhD-Epi	03/16/2006	Pneumococcal Carriage and Disease in an Age of Routing Pneumococcal Conjugate Vaccination: A Study Among Navajo and White Mountain Apache Children
Gypsyamber D'Souza	PhD-Epi	07/18/2006	Oropharyngeal Cancer Attributable to Human Papillomavirus 16 (HPV16) Infection [Alternate]
Swati Gupta	DrPH	07/19/2006	Key Epidemiological Issues in the Preparation of Cell Mediated Immunity-Based HIV Vaccine Trials
Yingkai Cheng	PhD-Epi	08/22/2006	Substance Use, Risky Sexual Behaviors and HIV Testing among Young People in Northern Thailand
LaBrique, Alain	PhD-Epi	02/06/2007	The Epidemiology of Hepatitis E Virus Infections in Rural Bangladesh

Nancy Maldeis	PhD-Epi	03/01/2007	Microbial etiologies of urethritis in men and cervicitis in women in Baltimore City STD clinics
Thomas Guadamuz	PhD-Epi	03/09/2007	Using Venue-Day-Time Sampling to Assess HIV Prevalence and Correlates Among Men Who Have Sex With Men Populations in Thailand
Darcy Phelan	DrPH	03/19/2007	Time Trends of Cervical Cancer Screening Practices and Predictors of Appropriate Use of Non-Reflex HPV Testing at Johns Hopkins Hospital & Health System
Clare L. Barrington	PhD-IH	05/04/2007	Social networks, norms, and HIV-related behaviors among the male partners of female sex workers in La Romana, Dominican Republic [Alternate]
Mark Kuniholm	PhD-Epi	06/20/2007	Epidemiology of HIV, hepatitis C, and hepatitis B in Georgia [Alternate]
Sara Mirza	PhD	05/19/2008	-
Rachel Weber	PhD-Epi	06/11/2008	Factors associated with sexually transmitted infections including the human immunodeficiency virus among sex workers in Moscow, Russian Federation and Israel [Alternate]
Chuka Anude	PhD	12/08/2008	Predictors and Prediction Modeling of Mortality, Drop Out, and Immuno-virologic outcomes among HIV-1 infected Adults receiving HAART in Nigeria
Sheree Schwartz	PhD	04/07/2009	- [Alternate]

Enisha Sarin	PhD-IH	04/09/2007	Examination of the impact of Human rights abuses on Health service utilization and Quality of Life among Injecting Drug Users in Delhi, India
Marjorie Opuni- Akuamoa	PhD-PFRH	12/09/2008	-
Megan Salter	PhD	6/8/2009	- [Alternate]
Clair Ryan	PhD	090/8/2009	Monitoring the HIV-1 epidemics in Indonesia and the Pacific
Kelika Konda	PhD	03/17/2010	Region Risk behavior among Esquineros (Corner Men) in the context of the community popular opinion leader trail in Peru
Catherine Maulsby	PhD	07/09/2010	Undiagnosed Seropositivty and HIV Testing Among MSM in Baltimore, MD.
Jamie Trevitt	PhD	8/20/2010	Female Reproductive Choice in Russia: Demographic and Behavioral Determinants of Pregnancy Outcomes, Contraceptive Usage, and Repeat Abortion.
Abby Rudolph	PhD	9/10/2010	Evaluation of RDS to Recruit Illicit Drug Users in New York City, 2006-2009.
Chuka Anude	PhD	1/24/2011	Predictors and Prediciton Modeling of Loss to Follow- up, Immuno-Virologic Outcomes and Sub-optimal Drug Adherence Among Adults Receiving HIV ART in Nigeria.
Mark Berry	PhD	3/3/2011	Risks for HIV Infection Among Men Who Have Sex

			With Men in Almaty, Kazakhstan.
Adrienne Shapiro	PhD	3/11/2011	Evaluating An Intervention for Active Case-Finding for TB and HIV in South Africa.
Kathryn Muessig	PhD	6/13/2011	Men who Sell Sex to Men in China: Identity, Work, and HIV.
Sufia Dadabhai	PhD	9/30/2011	Population-Based HIV Surveillance: Strategic Data for Monitoring Care and Treatment in Kenya.
Krystal Mason	SCM	5/16/2012	Treatment in Kenya.
Anchalee Kohli	PhD	10/05/13	Family Relationships and social interation in Post-Conflict South Kivu Province, DR Congo: A mixed methods study with women from rural Walungu Territory.
Sarah Beckham	PhD	12/18/2013	Like Any Other Woman? Pregnancy, Motherhood, and HIV among Sex Workers in Southern Tanzania.
Oliver Laeyendecker	PhD	02/22/2013	Development and Validation of a Testing Algorithm to Detect Recent HIV Infection form Cross Sectional Surveys.
Kate Grabowski	PhD	01/17/2014	The Small Scale Spatial Dynamics of HIV-1 Transmission in Rakia, Uganda.
Amy Paul	PhD	03/11/2015	Traingulating Transition: Conceptual, Practic al, and Ethical Considerations for Sustaining Program Impact through Transition to Local Ownership.

Meng Hsuan Lin	PhD	04/18/2016	Stimulating Demand: An Assessment of the Conditional Cash Transfer Project in Afghanistan.
Jiho Cha	PhD	12/21/2016	Measuring human rights violations in North Korean health crisis: a retrospective study.
Rebecca Pierce	PhD	06/19/17	Infectious Outcomes Associated witih an Active surveillance Culture and Decolonization Program in the Neonatal Intensive Care Unit.

# **Thesis Committee Membership**

Former Students	Thesis Title
Jamie Trevitt	Female Reproductive Health in Russia: Demographic and Behavioral Determinants of Pregnancy Outcomes, Contraceptive Usage, and Repeat Abortion.
Jim Aizire	Who is at risk? Pattern and Distribution of Gonorrhea and Chlamydia in a high HIV-1 epidemic rural Ugandan population: Evidence from a population based study.
Gayle Baker	Adverse pregnancy outcomes and early childhood mortality in mothers infected with HTLV-1 in Jamaica
Sufia Dadabhai	
Angeline B. David	Efficacy of 7-Valent Conjugate Pneumococcal Vaccine Against Otitis Media among Young American Indian Children: An End-of-Study Medical Chart Review
David W. Dowdy	Nucleic Acid Amplification Tests for Rapid Diagnosis of Pulmonary Tuberculosis in Smear-Positive Patients: A Comprehensive Cost- Effectiveness Analysis
Angelia A. Eick	Safety and Immunogenicity of Two Octavalent Pneumoccoccal Conjugate Vaccines in Native American Infants
Jaya Jaya	A Comparison of Survey Methodologies to Elicit Information on Sexual

health from Adolescents in	uro	oan in	aia
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Patti Elaine Gravitt HPV Viral Load as a Co-Factor for Cervical Neoplastic Progression:

Assessment of Temporality and Potential Misclassification of Viral Load

Upinder Jodhka Residential Instability and HIV Seroconversion Among ALIVE Participants

in Baltimore

Surinda Kawichai Human Immunodeficiency Virus Voluntary Counseling and Testing (VCT)

in Northern Thailand

Rasha Khatib Developing an Instrument for Measuring and Understanding Human

Dignity

Luiz A. Alves de

Lima

Risk Factors for Kaposi's Sarcoma-Associated Herpesvirus (KSHV)

Infection among Homosexual Men at High Risk for HIV Infection in

Brazil

Junko Onishi Provider Responses To Demand Side Cash Transfer Programs

Charlotte Piens Planning for an HIV/AIDS Vaccine Efficacy Trial: A Critical Review

of Past Efficacy Trials and a Proposal for a Future HIV/AIDS Vaccine

Trial

Ram Rangsin The Natural History of HIV-1 Subtype among Young Thai Men after

Seroconversion

Julie Anne 'I Have Managed to Remain Human': A Qualitative and Quantitative

Stachowiak Examination of Human Rights, Sex Work and HIV/STIs in Russia

Ellen Wiewel Injection Prevalence and Risks Among Male Ethnic Minority Drug

Users in Northern Thailand

Jennifer Han Relationship Between Perceptions of the Environment and Physical

Activity Participation in Community-Dwelling Women

Jordan White Post-incarceration health outcomes among young Black men in

Baltimore City.

#### **Classroom Instruction**

Course Director, "Emerging Infectious Diseases, Spring Term, 2020.

Course Co-Director, "Assessing Epidemiologic Impact of Human Rights Violations," Spring Term, 2020.

Course Co-Director, "The Epidemiology of LGBT Health," Fall Term, 2019.

Course Director, "Emerging Infectious Diseases, Spring Term, 2019.

Course Co-Director, "Assessing Epidemiologic Impact of Human Rights Violations," Spring Term, 2019.

Course Co-Director, "The Epidemiology of LGBT Health," Fall Term, 2018.

Course Co-Director, "Assessing Epidemiologic Impact of Human Rights Violations," Spring Term, 2018.

Lecturer, "Research Ethics and Human Rights," Johns Hopkins University, Summer Institute, 2018.

Course Co-Director, "Sexual Orientation and Gender Identity in Public Health," Second Term, 2017.

Course Co-Director, "Assessing Epidemiologic Impact of Human Rights Violations," Spring Term, 2017.

Course Co-Director, "Sexual Orientation and Gender Identity in Public Health," Second Term, 2016.

Lecturer. "Health Systems and Human Rights." Summer Term, 2016.

Course Co-Director, "Assessing Epidemiologic Impact of Human Rights Violations," Spring Term, 2016.

Lecturer, "Research Ethics and Human Rights", Johns Hopkins University, Third Term, 2016.

Course Co-Director, "Sexual Orientation and Gender Identity in Public Health," Second Term, 2015.

Course Director, "Assessing Epidemiologic Impact of Human Rights Violations", Spring Term, 2015

Course Director, "Assessing Epidemiologic Impact of Human Rights Violations", Spring Term, 2014

Course Co-Director, "Sexual Orientation and Gender Identity in Public Health," Second Term, 2014.

Course Co-Director, "Sexual Orientation and Gender Identity in Public Health," Second Term, 2013.

Course Director, "Assessing Epidemiologic Impact of Human Rights Violations", Spring Term, 2013

Lecturer, "Introduction to International Health," Second Term, 2012.

Course Director, "Assessing Epidemiologic Impact of Human Rights Violations", Spring Term, 2012

Lecturer, "Infectious Diseases and Human Rights," Fundamentals of Epidemiology, Arts and Sciences, 2012.

Lecturer, "Research Ethics and Human Rights," Johns Hopkins University, Summer Institute, 2012

Course Director, "Assessing Epidemiologic Impact of Human Rights Violations", Spring Term, 2011

Lecturer, "Advanced Issues in AIDS", Second Term, 2011

Lecturer, "Research Ethics and Human Rights," Johns Hopkins University, Summer Institute, 2011

Lecturer, "Making Change Through Policy", First Term, 2011

Lecturer, "Making Change Through Policy," First Term, 2011

Course Co-Director (With Steven Goodman MD) "Doctoral Seminar, Department of Epidemiology," Third Term, 2010-2011

Course Director, "Assessing Epidemiologic Impact of Human Rights Violations", Spring Term, 2010

Lecturer, "Research Ethics and Human Rights", Johns Hopkins University, Summer Institute, 2010

Lecturer, "Advanced Issues in AIDS", Summer Term, 2010

Lecturer, "Making Change Through Policy", First Term, 2010

Lecturer, "Human Rights Perspective in International Health", Second Term, 2010

Lecturer, "Clinical Epidemiology", Johns Hopkins School of Medicine, Spring Term, 2010

Course Director, "Assessing Epidemiologic Impact of Human Rights Violations", Spring Term, 2009

Lecturer, "Research Ethics and Human Rights", Johns Hopkins University, Summer Institute, 2009

Lecturer, "Advanced Issues in AIDS", Summer Term, 2009

Lecturer, "Making Change Through Policy", First Term, 2009

Lecturer, "Human Rights Perspective in International Health", Second Term, 2009

Lecturer, "Clinical Epidemiology", Johns Hopkins School of Medicine, Spring Term, 2009

Lecturer, "Global Disease Control Programs and Policies", Winter Institute, 2009

Lecturer, "Clinical Epidemiology", Johns Hopkins School of Medicine, Spring Term, 2008

Lecturer, "Introduction to Humanitarian Emergencies", Second Term, 2008

Lecturer, "Human Rights Perspective in International Health", Second Term, 2008

Lecturer, "Human Rights and Public Health", Second Term, 2008

Lecturer, "Making Change Through Policy", Second Term, 2008

Lecturer, "Making Change Through Policy", First Term, 2008

Lecturer, "Global Disease Control Programs and Policies", Winter Institute, 2008

Lecturer, "Research Ethics and Human Rights", Johns Hopkins University, Summer Institute, 2008

Course Director, "Assessing Epidemiologic Impact of Human Rights Violations", Spring Term, 2008

Course Director, "Assessing Epidemiologic Impact of Human Rights Violations", Spring Term, 2007

Lecturer, "Making Change Through Policy," First Term, 2007

Lecturer, "Clinical Epidemiology", Johns Hopkins School of Medicine, Spring Term, 2007

Lecturer, "Research Ethics and Human Rights", Johns Hopkins University, Summer Institute, 2007

Lecturer, "Chronic Emergency: Public Health and Human Rights in Burma," Center for Global Health, Vanderbilt University, April, 2007

Lecturer, "The Epidemiology and Prevention of HIV Infection", Johns Hopkins University, Winter Institute 2007

Lecturer, "Advanced Issues in AIDS", Fall Term, 2006

Course Director, "Assessing Epidemiologic Impact of Human Rights Violations", Spring Term, 2006

Lecturer, "Epidemiology of AIDS", Johns Hopkins University, Fourth Term, 2006

Lecturer, "Clinical Epidemiology", Johns Hopkins School of Medicine, Spring Term, 2006

Lecturer, "Current Topics in Public Health Policy", Spring Term, 2006

Lecturer, "Global Disease Control Programs and Policies", Fourth Term, 2006

Lecturer, "International Research Ethics", Third Term 2006

Lecturer, "The Epidemiology and Prevention of HIV Infection", Johns Hopkins University, Winter Institute 2006

Lecturer, "Epidemiology of AIDS", Johns Hopkins University, Winter Institute, 2006

Lecturer, "Physician and Society", Johns Hopkins University School of Medicine, Fall Term 2005

Lecturer, "Ethical Issues in Public Health", Summer Term 2005

Lecturer, "Epidemiology of AIDS", Summer Term 2005

Lecturer, Institute for Tropical Medicine, Summer Term 2005

Lecturer, "International Research Ethics", Summer Term 2005

Lecturer, Summer Term 2005, "Health Policy", Summer Term 2005

Lecturer, "Clinical Epidemiology", Johns Hopkins School of Medicine, Spring Term, 2005

Course Director, "Assessing Epidemiologic Impact of Human Rights Violations", Spring Term, 2005

Course Director, "Assessing Epidemiologic Impact of Human Rights Violations", Summer Term, 2005

Lecturer, "International Research Ethics", Johns Hopkins University, Spring Term, 2005

Lecturer, "Current Topics in Public Health", Johns Hopkins University, Spring Term, 2005

Lecturer, "Baltimore Authors", The Evergreen Society, Johns Hopkins University, SPSBE, Winter 2004

Lecturer, "Physician and Society", Johns Hopkins University School of Medicine, Fall Term, 2004

Lecturer, "Public Health Practice", Johns Hopkins University, Fall Term 2004

Lecturer, "Current Topics in Public Health", Johns Hopkins University, Fall Term 2004

Laboratory Instructor, "Principles of Epidemiology", Johns Hopkins University, Fall Term 2004

Course Director, "Public Health and Human Rights: Methods and Approaches", Summer Term 2004

Lecturer, "Summer Institute of Tropical Medicine", Johns Hopkins University, Summer Term 2004

Lecturer, "International Research Ethics", Johns Hopkins University, Summer Term 2004

Lecturer, "Issues in Health Advocacy", Johns Hopkins University, Spring Term 2004

Lecturer, "Physician and Society", Johns Hopkins University School of Medicine, Spring Term 2004

Lecturer, "International Research Ethics", Johns Hopkins University, Spring Term 2004

Lecturer, "HIV in Women, Children, and Adolescents", Johns Hopkins University, Spring Term 2003

Lecturer, "International Research Ethics", Johns Hopkins University, Spring Term 2003

Lecturer, "Current Topics in Public Health", (Montgomery County Campus)

Lecturer, "Clinical Vaccine Trials", Johns Hopkins University, Fall Term 2002 (Web-based MPH)

Lecturer, "Summer Institute of Tropical Medicine", Johns Hopkins University, Summer Term 2002

Lecturer, "International Research Ethics", Johns Hopkins University, Summer Term 2002

Lecturer, "The Epidemiology of HIV/AIDS", Johns Hopkins University, Summer Term 2002

Lecturer, "International Research Ethics", Johns Hopkins University, Spring Term 2002

Lecturer, "Clinical Vaccine Trials", Johns Hopkins University, Fall Term 2001 (Web-based MPH)

Laboratory Instructor, "Principles of Epidemiology", Johns Hopkins University, Fall Term 2001 Lecturer, "International Research Ethics", Johns Hopkins University, Summer Term 2001

Lecturer, "Summer Institute of Tropical Medicine", Johns Hopkins University, Summer Term 2001

Lecturer, "The Epidemiology of HIV/AIDS", Johns Hopkins University, Summer Term 2001

Lecturer, "Epidemiology and Public Policy", Johns Hopkins University, Summer Term 2001

Lecturer, "International Research Ethics", Johns Hopkins University, Spring Term 2001

Lecturer, "Epidemiology and Natural History of Viral Infections", Johns Hopkins University, Spring Term 2001

Lecturer, "Issues in Public Health", Johns Hopkins University, Winter Intersession 2001

Laboratory Instructor, "Principles of Epidemiology", Johns Hopkins University, Fall Term 2000

Lecturer, "Summer Institute of Tropical Medicine", Johns Hopkins University, Summer Term 2000

Lecturer, "Clinical Vaccine Trials" Johns Hopkins University, Fall Term 2000 (Web-based MPH)

Lecturer, "The Epidemiology of HIV/AIDS", Johns Hopkins University, Fall Term 2000 Lecturer, "The Epidemiology of HIV/AIDS", Johns Hopkins University, Summer Term 2000 Lecturer, "International Research Ethics", Johns Hopkins University, Summer Term 2000

Lecturer, "International Research Ethics", Johns Hopkins University, Spring Term 2000

Lecturer, "Issues in Public Health", Johns Hopkins University Undergraduate Course, Winter Term 2000

Lecturer, "The Epidemiology of HIV/AIDS", Johns Hopkins University, Fall Term 1999

Lecturer, "The Epidemiology of HIV/AIDS", Johns Hopkins University, Summer Term 1999

Lecturer, "International Research Ethics", Johns Hopkins University, Summer Term 1999

Advisor, "Design and Applications of Case-Control Studies (Epi 4)", Johns Hopkins University, Spring Term 1999

Advisor, "Design and Applications of Case-Control Studies (Epi 4)", Johns Hopkins University, Spring Term 2000

Lecturer, "AIDS, Ethics & Public Policy", Johns Hopkins University, Spring Term 1999

Instructor, "Principles of Epidemiology", Johns Hopkins University, Fall Term 1998

Lecturer, "AIDS, Ethics & Public Policy", Johns Hopkins University, Fall Term 1998

Lecturer, "The Epidemiology of HIV/AIDS", Johns Hopkins University, Fall Term 1998

Advisor, "Design and Applications of Case-Control Studies (Epi 4)", Johns Hopkins University, Spring Term 1997

Lecturer, "The Epidemiology of HIV/AIDS", Johns Hopkins University, Summer Term 1998

Instructor, "Principles of Epidemiology", Johns Hopkins University, Fall Term 1997

Lecturer, "The Epidemiology of HIV/AIDS", Johns Hopkins University, Summer Term and Fall Term 1997

Course Coordinator for International Workshops and Special Courses including: "Epidemiology Research Methods in support of HIV/AIDS Initiatives", Thailand, 1994; "Data Management for HIV Research", Thailand, 1995; "Improving Detection and Treatment of STDs", Thailand, 1996; "Data Management and Analysis for HIV/AIDS Research", Malaysia, 1997; "Epidemiology Research Methods in support of HIV/AIDS Initiatives", (Co-Director) Ethiopia, 1997.

Lecturer in the Department of Family Medicine, Faculty of Medicine, Chiang Mai University. Chiang Mai, Thailand, 1994-1997.

Course Co-Director of "Issues and Careers in International Health." The Undergraduate Division of the Johns Hopkins University. Baltimore, MD. January, 1992.

#### RESEARCH GRANT PARTICIPATION

### **Current**

American Cohort to Study HIV Acquisition among Transgender Women in High Risk Areas

July 1<sup>st</sup>, 2017- June 30<sup>th</sup>, 2022. NIMH/NIAID/NICHD, PI Andrea Wirtz, PhD, MHS, Co-Investigator Chris Beyrer MD, MPH. Funding Level\$ 5,666,558. The American Cohort study proposes to establish multi-site, longitudinal cohort of transgender women in the eastern and southern U.S. (Boston, New York City, Baltimore-Washington, Atlanta, and Miami metropolitan areas) to characterize sociobehavioral risk factors for HIV acquisition, access to biobehavioral HIV prevention methods, and linkage to care for those who HIV seroconvert. Study findings will provide vital epidemiologic parameters for future HIV prevention and care research among transgender women, offer a platform upon which other research questions can be explored, and inform the development and testing of evidence-based and acceptable HIV prevention interventions for this population.

An Adaptive Randomized Evaluation of Nurse-led HIV Treatment Retention Interventions for Women Living with HIV.

September 26<sup>th</sup>, 2016 - June 30<sup>th</sup>, 2021 NIH/NINR 1R01NR016650-01A1, PI Stef Baral, MD, MPH, MBA, Co-Investigator Chris Beyrer MD, MPH, Funding Level \$453,740. We will use an adaptive SMART study design to randomize female sex workers living with HIV in Durban, South Africa, to a community-based treatment initiation and management intervention or to standard of care ART services with case management support. Based on participant response to their assigned intervention, they will be re-randomized to receive a more or less intensive intervention in order to determine what combination of interventions, at what intensity and for what duration are necessary to achieve viral suppression among female sex workers living with HIV in South Africa.

### Identifying and Engaging Urban HIV infected and uninfected YBMSM in care

September 1, 2016 – June 30, 2021 NIH/NIDA R01DA043089, PI David Celenatano, ScD & Renata Sanders MD, Co-Investigator Chris Beyrer MD, MPH, Funding Level \$2,874,303. This project in Baltimore, Washington, DC and Philadelphia will compare Respondent Driven Sampling and web-based sampling to enroll Young Black MSM (ages 15-24 years) into two studies: (1) a comparison of an app-assisted approach with navigators to link and retain in care YBMSM who are not virally suppressed and compare rates of viral suppression at 18 months; and (2) a comparison of efforts to link high risk HIV uninfected YBMSM with PrEP services.

## Effectiveness of combination HIV preventive interventions for young Thai MSM

August 1, 2015-December 31-2020. NIH/NIAID R01AI118505, PI Christopher Beyrer MD, MPH, Funding Level \$499,999/year. Development and conduct of a non-randomized effectiveness and cost effectiveness study of a multi-level combination HIV preventive intervention with and without daily oral Truvada pre-exposure prophylaxis (PrEP) with mobile phone-based adherence support among young men who have sex with men (YMSM, aged 18-26) in Bangkok, Thailand. The study will include a formative phase, with the refinement of a multi-level combination intervention; an effectiveness trial with an HIV incidence endpoint; and a costing and costeffectiveness component among 1240 YMSM in a high HIV incidence context.

## T32 Johns Hopkins HIV Epidemiology and Prevention Sciences Training Program

July,1<sup>st</sup> 2013-June 30<sup>th</sup>, 2023. NIH/NIAID. PI Chris Beyrer MD, MPH. Funding Level \$411,092. National Research Service Award Institutional Research Grant to support a training program in HIV Epidemiology and Prevention Sciences at the Johns Hopkins Bloomberg School of Public Health (BSPH) and the Johns Hopkins School of Medicine (SOM), entitled the "Johns Hopkins HIV Epidemiology and Prevention Sciences Training Program."

### P30 AI094189-01A1 The Johns Hopkins Center for AIDS Research (JHU CFAR)

May 2<sup>nd</sup>, 2017-April 30<sup>th</sup>, 2022. NIAID/NIH. PI Richard Chaisson MD, Co-PI Chris Beyrer MD, MPH. Funding level, \$ US 15,000,000,00. The JHU CFAR is a University-wide program designed to promote trans-disciplinary collaboration in HIV research, support junior and minority investigators, and focus the research efforts of Johns Hopkins on the HIV epidemic in Baltimore and internationally.

### RESEARCH GRANT PARTICIPATION

### **Past**

### NIAID FCO104111/ID0080.023 Protocol Chair support for HPTN 078

June 01, 2014-September 30th, 2019

Dr. Beyrer will serve as Procotol Chair for HPTN 078. PI Beyrer. US \$61,270. As Protocol Chair he will lead a multi-disciplinary team including researchers from JHU, Columbia University, FHI 360, and the HPTN Core Lab, Statistical Center, and Modeling Group. He will provide overall scientific leadership for the development and implementation of the protocol, chair the regular and ad hoc conference calls, attend the semi-annual HPTN investigators meetings, and lead the protocol writing team.

#### Continuum of Care Innovations for GMT in Burma/Myanmar

January 1<sup>st</sup> 2015 – December 31<sup>st</sup> 2019 PI Chris Beyrer MD, MPH. Funding Level \$899,978. Using the overarching framework of the HIV Care Continuum, or cascade the study team will measure and overcome barriers to HIV testing and access to care through a series of three primary innovations for GMT in Myanmar: HIV self-testing innovations; staging of HIV disease for those who are infected through point-of-care (POC) CD4 technology; and training and capacity building of a cadre of peer health navigators for GMT to increase successful health system navigation for persons in need of ART or HIV disease management

# Administrative, modeling and development costs associated with The Lancet special theme series on HIV and Prisoners

May 15, 2015-July 30, 2016. NIH/NIDA/Synergy Enterprises. PI Chris Beyrer MD, MPH. Funding Level USD \$123,359.00. Technical, Scientific, Administrative and Data Management Activities to develop, publish, and present a 7 paper special theme issue of The Lancet on HIV, viral hepatitis, and TB among Prisoners. Presentation will be in a Symposium Session at the 21<sup>st</sup> International AIDS Conference in Durban, South Africa in July, 2016.

# HIV Investment Case Development for Tanzania

July 1, 2015-June 06, 2016. UNAIDS/ Health and Development Africa (PTY) Limited. Pi Chris Beyrer. Funding Level USD \$143,464. The investment case will aim to inform policy and programmatic decisions to optimize the Tanzanian public sector response and maximize the projected impact of reducing new HIV infections and AIDS-related deaths by 2020-2025-2030.

#### R01 MH085574-01A2 High Risk Men: Identity, Health Risks, and Stigma

September 30<sup>th</sup>, 2009-June 30<sup>th</sup>, 2015. NIMH/NIH. PI Chris Beyrer MD, MPH. Funding level \$461,592. An epidemiologic study of identity, health-seeking behaviors, and risk behaviors among men who have sex with men (MSM) in Moscow Russia. We will compare risk profiles among MSM recruited through and enhanced respondent driven sampling approach with those recruited through the internet-based sampling methods.

# Gender Differences in Assessing ART Services & Treatment Outcomes

January 01, 2015-January 31, 2016. World Health Organization. PI Chris Beyrer MD, MPH. Funding level, \$ US 25,000. Conduct a comprehensive assessment of scientific evidence, in the form of systematic reviews that will inform programmes on gender based differences in accessing HIV treatment and outcomes across the continuum of care.

#### NIAID R01 AI094575-01

#### May 1, 2011-March 31, 2016

A Package of Combination HIV Prevention Interventions for MSM in Southern Africa. PI Patrick Sullivan. US 490,000/per year. This project will work partner with community groups in South Africa to gather preliminary and pilot data for the development of an optimized combination package of HIV prevention interventions and services (CPHI) for men who have sex with men (MSM) in southern Africa.

#### OPP1091263 The Lancet Series on HIV in Sex Workers

May 05<sup>th</sup>, 2013-December 31, 2014. Bill and Melinda Gates Foundation. PI Chris Beyrer MD, MPH. Funding level \$143,685. To review the global epidemiology prevention treatment care and policy options for reducing HIV among people who sell sex and guest edit a special theme of the Lancet on HIV and Sex work.

# Fogarty AIDS International Training and Research Program

September 23, 2003 -- August 31, 2014. Fogarty International Center, National Institutes of Health. PI Chris Beyrer MD, MPH. Funding level, US 970,675/per year. The major goal of this project is to increase the capability of developing country scientists to conduct HIV/AIDS research through advanced research training.

#### NIAID/NIH

February 28, 2007 – December 31, 2013. Southern Asia HIV/AIDS Clinical Trials Unit. PI David D. Celentano, ScD. Funding level US, 702,390/per year. The HIV Prevention Trials Network (HPTN) is a worldwide collaborative clinical trials network that develops and tests the safety and efficacy HIV preventive interventions. The JHU-SE Asia CTU will focus on relevant prevention trials in the region.

#### Lancet Series: HIV among MSM

July 01, 2011-December 30<sup>th</sup>, 2012. Bill and Melinda Gates Foundation. PI Chris Beyrer MD, MPH. Funding level, US \$89,000. The purpose of this grant is to support the efforts of Dr. Beyrer, and research specialists in men who have sex with men (MSM) and HIV, who have agreed to commission a Series with *The Lancet* on the global HIV epidemic among MSM. The series will consist of six review articles published as a special issue to launch at the XIX International AIDS Conference in Washington DC, 2012

#### Lancet Series: HIV among MSM

September 01, 2011-December 30<sup>th</sup>, 2012. amfAR The Foundation for AIDS Research. PI Chris Beyrer MD, MPH. Funding level, US \$58,000. The purpose of this grant is to support the efforts of Dr. Beyrer, and research specialists in men who have sex with men (MSM) and HIV, who have agreed to commission a Series with *The Lancet* on the global HIV epidemic among MSM. The series will consist of six review articles published as a special issue to launch at the XIX International AIDS Conference in Washington DC, 2012

# Columbia University

April 01, 2008 – March 31, 2013. Couple based HIV/STI Prevention for Injecting Drug Users in Kazakhstan. PI El-Bassel, DSW, MSW. Funding level, US 26,493/per year. A randomized controlled trial of a couples-based behavioral intervention trial among drug using heterosexual couples in two cities in Kazakhstan. Randomization will be done with couples, and the intervention has both behavioral and biologic outcomes.

# The Himelfarb Family Fund

July 1, 2008 – June 30, 2013. Institutional support for the Center for Public Health and Human Rights. PI Chris Beyrer MD, MPH. Funding level, US 40,000/ per year. Support for the development of the center, and for research, teaching, and advocacy on public health and human rights.

#### HIV/STI Risks Among Migrant Male Workers in Kazakhstan

July 01, 2008-June 30<sup>th</sup>, 2012. Columbia University. PI Nabila El Bassel. Funding level, US \$18, 475. An epidemiologic investigation of HIV risks and behaviors among male migrant market works in Kazakhstan. The study is situated in the open market outside Almaty, which is the largest such market in Central Asia, with 35,000 migrant vendors.

# R13 AI098464-01 XIX International AIDS Conference (AIDS 2012)

July 01, 2011-December 31, 2012. PIs Chris Beyrer MD, MPH, Elly Katabira MD. Funding level, US 7,000,000.00. Support for the International AIDS Conference in Washington DC, 2012.

#### Fred Hutchinson Cancer Research Center

June 01, 2012 – May 31, 2013. HIV Vaccine Trials Network. PI Chris Beyrer MD, MPH. Funding level, US 83,416/per year. Develop and support HIV vaccine clinical trial sites in Asia and Russia/CIS for the HVTN Leadership.

# Increasing Awareness and Building International Support for Democracy in Burma

October 1, 2010-September 30<sup>th</sup>, 2011. National Endowment for Democracy. The objective of this project include: increasing international attention on and interest in Burma, to serve as a conduit for information into and out of Burma, ensure that the voices of leading democrats inside Burma are heard, and coordinating international advocacy efforts to promote respect for human rights in Burma.

#### Cross Sectional Evaluation of the Prevalence of HIV among MSM in Kazakhstan

September 1, 2010-August 31, 2011. Open Society Institute. PI Chris Beyrer MD, MPH. Funding level, US \$32,365. An epidemiologic investigation of HIV risks and human rights

contexts among MSM in Almaty, Kazakhstan.

### <u>Community Based – VCT Thailand</u>

October 01, 2002 – June 30, 2011. NIMH, NIH. PI David D. Celentano, ScD. Funding level US, 1,281,592/ per year. A multi-country randomized controlled behavioral intervention trial comparing standard clinic based HIV Voluntary Counseling and Testing with Community based VCT in 14 communities in northern Thailand and sites in South Africa, Zimbabwe, and Tanzania.

# Lancet Series: HIV and Injection Drug Use

July 01, 2009-June 30<sup>th</sup>, 2011. Open Society Institute. PI Chris Beyrer MD, MPH. Funding level, US \$54, 075. The purpose of this grant is to support the efforts of Dr. Beyrer, and research specialists in Injecting Drug Use (IDU) and HIV, who have agreed to commission a Series with *The Lancet* on the global HIV epidemic among IDU. The series will consist of six review articles published as a special issue to launch at the XVIII International AIDS Conference in Vienna, 2010.

# **US** Department of State

February 25, 2008 – February, 25, 2010. Responding to Burma's Pro-Democracy Movement. PI Chris Beyrer, MD, MPH. Funding level, US 207,664/ per year. This project aims to train ethnic groups in eastern Burma to investigate, document, and report on human rights violations in their communities.

#### Ministry of Health Afghanistan

June 1, 2008 – December 31, 2010. HIV Surveillance – Afghanistan HIV/AIDS Prevention Project. PI Gilbert Burnham MD, PhD. Funding Level, US 1,435,226/per year. The objective of the HIV project is to obtain more data through second generation HIV Surveillance and KAP survey and thereby inform the policy and planning of the NACP by monitoring the prevalence of HIV infection and levels of knowledge/awareness, risk behavior and utilization of services among selected most at risk and especially vulnerable groups through integrated biological and behavioral surveys.

#### George Washington University AIDS and Cancer Specimen Bank

June 1, 2006 – September 23, 2008. PI Chris Beyrer, MD MPH.

To collect and process blood and ship specimens to the ECACSB laboratory, and to collect clinical data and incidence of Hepatitis C to be shipped with specimen.

#### Bill and Melinda Gates Institute for Population and Reproductive Health.

June 1, 2005-May 31, 2008. Award to the Center for Public Health and Human Rights. PI Chris Beyrer, Burma PI Dr. Cynthia Maung. Funding level 220,000/year. A new program award to build capacity among local health workers in internally displaced person zones in Eastern Burma; coordinate reproductive care referral, and assess adapted reproductive health interventions among this vulnerable population.

#### HIV Prevention Trials Unit (Thailand).

Oct. 1, 2000-Dec. 31-2007. NIAID, NIH. PI David D. Celentano, ScD

This study in Chaing Mai addressed 2 HIV prevention needs: (a) village-based voluntary counseling and testing to encourage HIV testing and reduce discrimination; (b) a peer network intervention among Thai IDUs to reduce needle-sharing and subsequent HIV parental transmission.

#### JHU-Guangxi, China Clinical Trials Unit

July 1, 2007 – Jan 31, 2014. NIAD/NIH. PI J Brooks Jackson

The major goal of this project is to conduct HIV prevention trials among IV drug users in China.

#### Southern Asia HIV/AIDS Clinical Trails Unit

Feb 28, 2007 – Dec 31, 2013. NIAD/NIH. PI David Celentano, ScD

The HIV Prevention Trials Network (HPTN) is a worldwide collaborative clinical trials network that develops and tests the safety and efficacy HIV preventive interventions. The JHU-SE Asia CTU will focus on relevant prevention trials in the region.

#### HIV Vaccine Trial Network (HVTN).

November 1, 2006-October 30, 2007 (to 2013). NIAID, NIH, Fred Hutchinson Cancer Research Institute. PI, Chris Beyrer MD, MPH. Funding level, US 176,000/year. Senior Scientific Liaison, HIV Vaccine Trials Network. Develop and support HIV vaccine clinical trial sites in Asia and Russia and the CIS for the HVTN Leadership.

# Community Based – VCT Thailand.

September 30, 2003-June 30, 2008. NIMH, NIH. PI, David D. Celentano, ScD. Funding level, US 764,454/year. Co-Investigator of a multi-country randomized controlled behavioral intervention trial comparing standard clinic based HIV Voluntary Counseling and Testing with Community based VCT in 14 communities in northern Thailand and sites in South Africa, Zimbabwe, and Tanzania. Head of the Endpoint Committee.

#### Columbia University

December 01, 2007-November 31, 2010. HIV/STI Risks Among Migrant Male Workers in Kazakhstan, Central. Funding level, US \$18,084

# Fogarty AIDS International Training and Research Program.

October 1, 2003--September 30, 2008. Fogarty International Center, National Institutes of Health. PI, Chris Beyrer MD, MPH. Funding level, US \$ 2.13 million/per year. To increase the capability of developing country scientists to conduct HIV/AIDS prevention research.

#### AIDS and Cancer Specimen Bank

Oct. 1, 2002-September 30, 2007. NIAID, NIH. PI, Chris Beyrer MD, MPH. Funding level, US \$45,000. To participate in establishing and sustaining the NIH archive of specimens for

HIV/AIDS and cancer epidemiologic studies.

#### Levi Strauss Foundation. 1%

December 1, 2004—November 30, 2007. Levi Strauss Foundation Award to the Center for Public Health and Human Rights. PI Chris Beyrer, China PI Wan Yan Hai. Funding level, US 59,000/year. A collaborative award with the Beijing Aizhixing Institute of Health Education to reduce stigma and discrimination against HIV positive persons in China.

#### Center for Public Health and Human Rights. 1%

April 1, 2004-July 1, 2007. Development Fund, Open Society Institute. PI Chris Beyrer. Funding level, US 83,000/year. A new Center at JHU which will investigate, teach, and advocate on interactions of human rights violations with the health of populations.

# Risks for HIV and HCV among Moscow sex Workers.

20%

Oct. 1, 2002-Sept. 30—2007. NIDA, NIH. PI Chris Beyrer. Funding level, US 250,000/year. To investigate sexual and injecting drug use risks for HIV and HCV in a newly established cohort of female sex workers in Moscow.

# HIV Vaccine Trial Network (HVTN). 30%

April 1, 2001-May 30 2006. NIAID, NIH, Fred Hutchinson Cancer Research Institute. PI Chris Beyrer. Funding level, US 176,000/year. Senior Scientific Liaison, HIV Vaccine Trials Network Site Expansion. Develop and support HIV vaccine clinical trial sites in Asia and Russia and the CIS for the HVTN Leadership.

#### Paul and Marianne Gertman Foundation. 1%

February 1, 2005-March 31, 2006. Award to the Center for Public Health and Human Rights to establish the Gertman Fellowship in Public Health and Human Rights. PI Chris Beyrer. Funding Level 9,000/year. To support Bloomberg students in research activities related to human rights and public health issues in the U.S..

# Surveillance of HIV, HCV and Associated Risk Behaviors in Tajikistan. 5%

September 30, 2002, September 29-2004. USAID. PI Chris Beyrer. Funding level, US 330,000. (Co-PI) To investigate prevalence and risk behaviors for blood borne infections among Tajik drug users in the Afghan—Tajik heroin trafficking zone.

#### HIV Vaccine Trial Network (HVTN). 5%

Oct. 1, 2000-Sept. 30-2004. NIAID, NIH. PI Donald S. Burke, MD. Funding level, US 2.1 million/year. Thailand HVTN sub-unit Principal Investigator, China HVTN sub-unit Co-Investigator. Develop and support HIV vaccine clinical trials program in the U.S. and in Thailand, China, and India.

# Bioethics Training for Developing Country Professionals. 10%

Sept. 30, 2000-Sept. 29, 2004. Fogarty International Center, NIH. PI Nancy Kass, ScD. Co-Investigator. Training and research program to build capacity for bioethicists in developing countries, with a special emphasis on Africa bioethics capacity.

#### Fogarty Tuberculosis International Training and Research Program. 0%

October 1, 1998--September 30, 2003. Fogarty International Center, National Institutes of Health. PI, Chris Beyrer MD, MPH. Funding level, US\$ 125,000 per year. To increase the capability of scientists from South Africa, Peru, and India to conduct Tuberculosis prevention and control research.

# Epidemiology of HIV-1 among Opiate users in N. Thailand. 20%

Jan. 1, 1998-Nov. 30, 2002. NIH, NIDA. PI, David Celentano, ScD. Funding level \$1,980,762. To identify risks for prevalent and incident HIV infections among opiate users in northern Thailand; to measure HIV incidence in a longitudinal cohort; a randomized controlled trial of methadone maintenance vs. taper to prevent HIV infection. Co-P.I.

# Emerging HIV-1 Infection in Chinese IDUs. 15%

Aug 1, 1999-June 30, 2002. NIH, NIDA. PI, Xiao-Fang Yu, MD, Ph.D. Funding level US \$436,232 per year. To investigate the emerging epidemic of HIV-1 subtypes E and C among IDU in Guangxi, southern China; to isolate and characterize HIV viruses from this population; to identify targets for HIV prevention activities among Chinese IDU. Co-P.I..

#### Molecular Epidemiology of HIV-1 among Opiate users in N. Thailand. 5%

Sept. 20, 2000-Sept. 29, 2001. NIH, NIDA. PI, David Celentano, ScD. Funding level \$ 72,000. To assess the molecular epidemiology of HIV-1 subtype infections among opiate users in northern Thailand; survey this population for recombinant and novel subtypes in Thailand.

#### Preparation for AIDS Vaccine Evaluations, HIVNET extension. 5%

November 2, 1998- November 1, 1999. Division of AIDS, NIAID, National Institutes of Health. PI, Kenrad E. Nelson, MD. Funding level, US \$1,714,356. To identify, enroll, and follow community cohorts of at risk HIV seronegative adults in northern Thailand in preparation for HIV vaccine trials and other preventive interventions. Co-Investigator.

# Henry M. Jackson Foundation for the Advancement of Military Medicine, HIV Cooperative Agreement. 35%

January 1, 1998, January 1, 2000. Jackson Foundation. Contract for Chris Beyrer MD, MPH as a Senior Research Physician. Funding level, US \$69,888. Assist in the design and development of projects in support of the clinical evaluation and development of candidate HIV vaccines.

#### Preparation for AIDS Vaccine Evaluations, HIVNET extension. 15%

November 3, 1994 to November 2, 1997. Division of AIDS, NIAID, National Institutes of Health. PI, Kenrad E. Nelson, MD. Funding level, US \$1,714,356. To identify, enroll, and follow 2 cohorts of at risk HIV seronegative adults in northern Thailand in preparation for HIV vaccine trials and other preventive interventions. Co-Investigator.

HIV/AIDS Prevention Programs for Burma: Using Radio to Educate and Empower. 0% September 30, 1998-March 31, 1999. U.S. Dept. Of State, Allocation to The Solidarity Center, AFL-CIO. PI, Chris Beyrer MD, MPH. Funding level, US \$36, 637. To develop HIV prevention programs for use by Radio Free Asia and Voice of America Burmese Radio Broadcast Programs.

Fogarty AIDS International Training and Research Program. 25% February 4, 1997-September 30, 1998. Fogarty International Center, National Institutes of Health. PI, Chris Beyrer MD, MPH. Funding level, US\$ 625,000 per year. To increase the

capability of developing country scientists to conduct HIV/AIDS research.

Special International Post-Doctoral Research Program in AIDS. 35%

February 4, 1997-June 28, 1998. Fogarty International Center, National Institutes of Health. PI, Chris Beyrer MD, MPH. Funding level, US \$175,000 per year. To increase the capability of developing country scientists to conduct advanced HIV/AIDS research.

Henry M. Jackson Foundation for the Advancement of Military Medicine, HIV Cooperative Agreement. 50%

January 1, 1997, January 1, 1998. Jackson Foundation. Contract for Chris Beyrer MD, MPH as a Senior Research Physician. Funding level, US \$69,888. Assist in the design and development of projects in support of the clinical evaluation and development of candidate HIV vaccines.

HIV/AIDS Training for Researchers and Clinicians in Malaysia. 0%

October 1, 1995 to September 30, 1998. Fogarty International Center of the National Institutes of Health. PI, Kenrad Nelson, MD. Funding level, US\$ 150,000. To identify and train interested researchers and clinicians in HIV/AIDS research, prevention, and care, in the Republic of Malaysia. Coordinator and responsibility for curriculum development.

<u>Preparation for AIDS Vaccine Evaluations</u>. September 1, 1992 to August 31, 1994. Division of AIDS, NIAID, National Institutes of Health. PI, Kenrad E. Nelson, MD. Funding level, US \$980,000. To identify, enroll, and follow 5 cohorts of at risk HIV seronegative adults in northern Thailand in preparation for HIV vaccine trials and other preventive interventions. Field Director, project oversight for Thai activities, analysis and publication.

Men Helping Men, A Community HIV Prevention Program for gay and bisexual Thai men. May 23, 1995 to May 23, 1996. Thai-Australia Collaboration on AIDS. PI, Han Ten Brummelhies. Funding level US\$ 32,000. To develop peer education and HIV prevention programs in gay bars, gay brothels, and cruising areas in northern Thailand. Medical researcher, intervention design, analysis, publication.

Preparing for AIDS Vaccine Evaluations: A Workshop on Epidemiology and Methodology. September 20-24, 1993. Global Programme on AIDS, World Health Organization. PI, Dr. Chirasak Khamboonruang. Funding level US \$29,905. To define and explore the scientific, operational, management, and ethical issues involved in planning and conducting an HIV/AIDS preventive vaccine trial in the north of Thailand.

Proposal for 3 Workshops in Support of HIV Research Activities in Northern Thailand.

January 1, 1994-March 1, 1995. The Fogarty International Center, National Institutes of Health.

PI, Kenrad E. Nelson. Funding level, US\$ 42,000. Development grant for local personnel through workshops on Immune Monitoring, data management and analysis for HIV epidemiology studies, improved detection of STDs.

Proposal for a Feasibility Study of a Community Based Cohort of At-Risk HIV-1 Seronegatives in Lamphun Province, Northern Thailand. July 1, 1993-February 28, 1994. Global Programme on AIDS, World Health Organization. PI, Dr. Chawalit Natpratan. Funding level, US\$ 29,964. To determine the feasibility of establishing an HIV incidence cohort among factory workers. Study design, grant writing, study oversight, analysis and publication.

#### **PRESENTATIONS**

#### **Scientific Meetings**

"Where is HIV Going?" Keynote Plenary, HIV Vaccine Trials Network, Sub-Saharan Africa Regional Meeting. Cape Town, South Africa, February 27<sup>th</sup>, 2020.

"HPTN 078: Primary results of a randomized study to engage men who have sex with men (MSM) living with HIV who are virally unsuppressed in the USA." 10<sup>th</sup> International IAS Science Conference, Mexico City, July 22<sup>nd</sup>, 2019.

"Improving the Cascade of Care for Key Populaitons: MSM and PWID Advances. 2018 National Centers for AIDS Research Scientific Symposium. Nov. 8<sup>th</sup>, 2018.

"The IAS-Lancet Commission on the Future of Global Health and the HIV Response." 21<sup>st</sup> International AIDS Conference, Amsterdam, July 25<sup>th</sup>, 2018.

"Achievements in HIV Epidemiology." Invited plenary presentation, VI International Conference on HIV/AIDS in Eastern Europe and Central Asia, Moscow, Russia, April 19<sup>th</sup>,

#### 2018.

- "HIV Interventions for Key Populations: The Challenges Ahead." From Molecules to Patients to Policies. McGill University Infectious Diseases Institute for Global Health, October 20<sup>th</sup>, 2017.
- "HIV/AIDS in the Asia Pacific: Where is the Epidemic Heading?" Keynote Lecture, 2nd Annual Asia Pacific AIDS & Co-Infections Conference, Hong Kong, Thursday, June 1, 2017.
- "HPTN 078: Reaching and Enrolling MSM living with HIV Infection and not Virally Suppressed." HIV Prevention Trials Annual Meeting, Washington DC, March 12, 13, 2017.
- "HIV and Human Rights—the Challenge for Key Populations." Keynote Address, Medical University of South Carolina, Charleston, SC, November 10<sup>th</sup>, 2016.
- "President's Address." 21st International AIDS Conference. Durban, South Africa, July 18th, 2016.
- "Closing Address: What have we learned?" 21<sup>st</sup> International AIDS Conference. Durban, South Africa, July 22<sup>nd</sup>, 2016.
- "Key Populations and the HIV Response in 2016." Speech at The End of AIDS as a Global Health Threat, United Nations High Level Meeting on AIDS. New York, NY, June 7, 2016.
- "Public Health and International Drug Policy." Keynote Address, 3<sup>rd</sup> Regional Consultation on Harm Reduction in Eastern Europe and Central Asia. Odessa, Ukraine, May 12th, 2016.
- "Meeting Summary: The Research Agenda on HIV Stigma." Closing Address, White House Meeting on HIV Stigma, Washington, DC, March 3<sup>rd</sup>, 2016.
- "The Changing HIV Epidemic." Keynote Address,  $25^{th}$  Anniversary Thai-US Collaboration on HIV/AIDS. Bangkok, Thailand, February  $9^{th}$ , 2016.
- "Global and Regional Epidemiology of HIV—The importance of addressing HIV and Human Rights." Second High Level Consultation on HIV in Conservative Social Settings, International AIDS Society, Istanbul, Turkey, January 30<sup>th</sup>, 2016.
- "The Global Epidemics of HIV among MSM: Challenges and Opportunities for Prevention and Control." Plenary Presentation, 5<sup>th</sup> National HIV and STI Research Conference, China. Shanghai, Nov. 18, 2015.
- "Advances in HIV Prevention and Treatment for Key Populations in the Asia-Pacific." Plenary Presentation. PrEParing Asia Conference, APCOM, UNAIDS, WHO. Bangkok, Thailand, Septmber 24<sup>th</sup>, 2015.
- "Doing better for Key Populations in the HIV Response: Now is the time." Keynote Address,

- Eighth North American Housing and HIV/AIDS Research Summit. September, 15<sup>th</sup>, 2015, Washington DC.
- IAS President's Address. 8th IAS Conference on HIV Pathogenesis, Treatment and Prevention, Vancouver, Canada, July 17th, 2015.
- "Achieving Equity: The Imperative for Key Populations." Plenary Presentation, 7<sup>th</sup> Southern Africa AIDS Conference, Durban, South Africa, June 10<sup>th</sup>, 2015.
- "The HIV Epidemics Among MSM in Thailand and China." HIV Vaccine Trials Network Biannual Meeting. Plenary Presentation, Washington, DC, May, 8th, 2015.
- "Vulnerable Populations and HIV." HIV Treatment in the Americas, Third Annual Conference, Mexico City, Mexico, April 16<sup>th</sup>, 2015.
- "Human Rights Violations against Sex Workers: Burden and Effect on HIV." International Copurse on HIV: Pathogenesis, Prevention, and Treatment-2015, Medical College of Peru, Lima, Peru, March 5<sup>th</sup>, 2015.
- "An action agenda for HIV and Sex Workers." International Copurse on HIV: Pathogenesis, Prevention, and Treatment-2015, Medical College of Peru, Lima, Peru, March 5<sup>th</sup>, 2015.
- ""Maximizing synergies between health and inclusive development." The Prince Mahidol Award Conference, Global Health Post 2015—Accelerating Equity, Bangkok, Thailand, January 29<sup>th</sup>, 2015.
- "Tailoring Biomedical Preventive Interventions for Key Populations: Towards Safety, Efficacy, Effectiveness." Plenary Presentation, First Annual HIV Research for Prevention Conference, Cape Town, South Africa, Oct. 29, 2014.
- "Disparities in Research and Clinical Treatment, Prevention and Policies: A Call to Action." 2014 CFAR Social and Behacioral Research Network 8<sup>th</sup> National Scientific Meeting. University of California, Los Angeles October 22<sup>nd</sup> 2014.
- "New Methods, New Estimates for MSM in the World." Keynote Address: HIV 2014: Science, Community and Policy for Key Vulnerable Populations. The New York Academy of Sciences and UNAIDS, New York, NY, May 5<sup>th</sup>, 2014.
- "Targeting Key Populations: Social Marginalization and HIV outcomes." Action on Social Drivers to end AIDS and extreme poverty. The World Bank & UNAIDS high-level meeting, The World Bank, Washington DC, January 9<sup>th</sup>, 2014.
- "The Global Epidemics of HIV among MSM: Time to Act." Keynote Address, 20<sup>th</sup> Annual Association of Nurses in AIDS Care Conference, Atlanta, GA, November 23, 2013.
- "Prevention and Treatment Among Key Affected Populations; Drug Users, Sex Workers, MSM,

- Transgenders." PEPFAR 3rd Annual Scientific Advisory Board Meeting, Crystal City, VA, October 2, 2013.
- "Migration, Civil Conflict, Mass Gathering Events, and Disease." First Conference on Global Environmental Change and Infectious Disease Dynamics, Institute of Medicine, Washington DC, September 24th, 2013.
- "Evidence based interventions for HIV prevention among drug users." Global Commission on Drug Policy and International AIDS Society. High-level panel on drug policy and public health. Kuala Lumpur, June 30, 2013.
- "HIV, HCV and TB among drug users: time for policy change." Evidence-based drug policies for an effective HIV response. 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention, Kuala Lumpur, July 1, 2013.
- "The Global Epidemics of HIV among MSM: Time to Act." Plenary Presentation, 20th Conference on Retroviruses and Opportunistic Infections, Atlanta, GA, March 5<sup>th</sup>, 2013.
- "The Lancet Series on HIV Among Men who have Sex with Men." XIXth International AIDS Conference, Washington DC, July 26<sup>th</sup>, 2012.
- "Convergence of HIV, TB, and Drug Use." Transforming the HIV/TB Response: Defining the next 10 years. Washington DC, July 21, 2012.
- "What Should PEPFAR Look Like in 5 Years" PEPFAR's Legacy and Future. Center for Strategic and International Studies. Washington DC, July 21, 2012.
- "Epidemiologic Links Between Drug Use and HIV Epidemics: An International Perspective." Sate Of the Art Conference, American Society of Addiction Medicine, Washington DC, October, 28th, 2011.
- "Responding to Risk among MSM in Developing countries." 18<sup>th</sup> Conference on Retroviruses and Opportunistic Infections, Boston, USA, February 28<sup>th</sup>, 2011.
- "Time to Act: A Call for Comprehensive Responses to HIV Among People Who Use Drugs." *The Lancet* Series Asia Regional Launch, Kuala Lumpur, Malaysia, December 8-9, 2010.
- "Human Rights, HIV, and People Who Use Drugs." *The Lancet* Series Asia Regional Launch, Kuala Lumpur, Malaysia, December 8-9, 2010.
- "Double Stigma: Being Both Gay and at risk for HIV," International Conference on HIV Related Stigma, Howard University, Washington DC, Dec. 1, 2010.
- "Preventing HIV spread among injection drug users," 48<sup>th</sup> Annual Infectious Diseases Society of America, Vancouver, Canada, October 24, 2010.
- "Neglected Diseases, Civil Conflicts, and the Right to Health," Institute of Medicine, Forum on

- Microbial Threats, Washington DC, September 22<sup>nd</sup>, 2010.
- "The Global Epidemics of HIV among MSM in 2010: Epidemiology, Responses, and Human Rights," The Global Forum on MSM & HIV Annual Conference, Vienna, Austria, July, 17<sup>th</sup> 2010.
- "Time to Act: A Call for Comprehensive Responses to HIV Among People Who Use Drugs." *The Lancet Series*, XVIII International AIDS Conference, Vienna, Austria, July 20<sup>th</sup>, 2010.
- "The Global Epidemics of HIV among MSM in 2010: Epidemiology, Responses, and Program Implications," XVIII International AIDS Conference, Vienna, Austria, July 22nd, 2010.
- "Neglected Epidemics of HIV in MSM," HIV Vaccine Trials Network Full Group Meeting, Washington DC, May 3, 2010.
- "The Expanding Epidemics of HIV-1 Among Men Who Have Sex with Men in Low and Middle Income Countries: A Scenario-based Approach," 83<sup>rd</sup> American Epidemiological Society Annual Meeting, Baltimore, USA, March 25-26, 2010.
- "Epidemiological Link between Drug Abuse and HIV: An International Perspective," Prevention and Treatment of HIV/AIDS among Drug Using Populations: A Global Perspective, NIDA/IAS Consultation Meeting, Washington, DC, January 11 12, 2010
- "The Evolving HIV Epidemic," 11<sup>th</sup> HIV Update: Special Symposium of the International AIDS Society, Vancouver, Canada, November 16<sup>th</sup>, 2009.
- "HIV/AIDS and Human Rights: Evidence-Based Approaches," IAS 2009, Eastern Europe and Central Asia AIDS Conference (EECAAC), Moscow, Russia, October 28<sup>th</sup>, 2009.
- "IAS 2009, Cape Town, Satellite Session," Rectal Microbicide Development –An African Perspective. International Convention Centre Convention Square, Cape Town, South Africa July 19, 2009.
- "Male Circumcision in Heterosexual and MSM," HIV infection in MSM: Research Agenda to improve Prevention and Care and Treatment, JHU Fogarty AITRP Research Conference, Chiang Mai, Thailand, March 6, 2009.
- "Legal and rights issues" HIV infection in MSM: Research Agenda to improve Prevention and Care and Treatment, JHU Fogarty AITRP Research Conference, Chiang Mai, Thailand, March 6th, 2009.
- "Global Epidemiology of HIV among MSM," HIV infection in MSM: Research Agenda to improve Prevention and Care, JHU Fogarty AITRP Research Conference, Chiang Mai, Thailand, March 5-7, 2009.
- "Sexual Concurrency, Bisexual Practices, and HIV among Men Who Have Sex With Men:

Malawi, Namibia, and Botswana, 16<sup>th</sup> Conference on Retroviruses and Opportunistic Infections, Montreal, Canada, February 8-11, 2009.

"Science-based Solutions to Human Rights Challenges: Examples from the field" AAAS Science and Human Rights Coalition Launch, Washington D.C., January 15, 2009.

"Science Serving Human Rights: Making it Happen" AAAS Scientific Forum, Washington D.C., October 23, 2008.

"Epidemiology and Surveillance of HIV among MSM" Plenary, Global Consultation on MSM and HIV/AIDS Research, American Foundation for AIDS Research, Washington, D.C., September 28-29, 2008.

"Population-based survey methods to qualify associations between human rights violations and health outcomes among internally displaced persons in eastern Burma." Invited Speaker, The Annual Meeting of the U.S. C.D.C. Health and Human Rights Workgroup (HHRW), Atlanta, Georgia, July 22, 2008.

"HIV Vaccines: Advances and Challenges," Conference on the Malawi HIV Clinical Trials Unit, Blantyre, Malawi, June 30, 2008.

"Full Enjoyment of Human Rights by All: Vulnerable Groups, Social Exclusion, and Progress Towards Universal Access." Invited Speaker, Men who have sex with men, transgender populations and HIV, New York, New York, June 9, 2008.

"The Humanitarian Crisis in Burma Post Cyclone Nargis." Invited Speaker, Washington, D.C., May 9, 2008.

"Spotlights on U.S. Geography Linkage to Developing Regions." AAG Special Plenary Boston, Massachusetts, April 18th, 2008.

"HIV Vaccine Trials in China." Plenary, HVTN Investigators Meeting, Seattle, Washington, August 19, 2007.

"STD Prevention in Vulnerable Populations: Human Rights Issues and Ways to Move Forward," Plenary, 18<sup>th</sup> International Society for STD Research Conference, June 29, 2007.

"Conducting Research within Oppressed Populations: An Example of Research in Burma (Myanmar), Invited Speaker, "The Epidemiology of Complex Emergencies," BC Centre for Excellence in HIV/AIDS, Simon Fraser University and London School of Hygiene and Tropical Medicine, Ottawa, Canada, March 8, 2007

"Responding to Infectious Diseases in the Border Regions of South and Southeast Asia," Conference Presider, Bangkok, Thailand, January 24-25, 2007.

- "Global Epidemiology of HIV among MSM in Developing Countries," Invited Speaker, AIDS + 25: Remember, Recognize, Review, The New School University, New York, New York, December 1, 2006.
- "HIV Epidemiology Update and Transmission Factors: Risks and Risk Contexts." Invited Speaker, South Asia Region Retreat, The World Bank, Washington, D.C., October 27, 2006.
- "The Right to Health." Social and Economic Rights: What difference do they make? The World Bank, Washington, D.C., October 27, 2006.
- "HIV Vaccine Trials in China." Plenary, HVTN Investigators Meeting, Seattle, Washington, October 20, 2006.
- "The HIV/AIDS Pandemic: Risks, Risk Contexts and Human Rights." WHO/PAHO Collaborating Center Meeting, The Center for Law & the Public Health at Georgetown & Johns Hopkins Universities, Washington, D.C., October 13, 2006.
- "Global Perspective of the HIV Pandemic." 1st National Scientific Meeting, CFAR Social and Behavioral Sciences Research Network (SBSRN), University of Pennsylvania, Philadelphia, Pennsylvania, October 11, 2006.
- "HIV Epidemiology Update and Transmission Factors: Risks and Risk Contexts." Plenary Speech, MOPL02, 16<sup>th</sup> International AIDS Conference, Toronto, Canada, August 14, 2006.
- "HVTN 903: Lessons Learned in Preparation for Efficacy Trials" HVTN Full Group Meeting, Washington, D.C., May 23-24, 2006.
- "Bringing Burma to the UN Security Council" US Campaign for Burma 2006 National Conference: Burma's Challenge, Washington, DC, April 29, 2006.
- "Health Issues Facing Burma and the Region." Burma: Looking Forward. Brookings Institute, Washington DC, October 26, 2005.
- "Ongoing Spread of HIV among IDUs in the CIS: Urgent Need for Prevention and Treatment." 5<sup>th</sup> All-Russian Conference on HIV/AIDS and Viral Hepatitis, October, 2005, Suzdal, Russia.
- "The Nest Wave: Emerging HIV Epidemics in Eurasia." Plenary Presentation, 3<sup>rd</sup> International AIDS Society Conference on HIV Pathogenesis and Treatment, 25 July, 2005, Rio de Janeiro.
- "Outbreak of a West Africa HIV-1 recombinant, CRF02\_AG, in Central Asia." 3<sup>rd</sup> International AIDS Society Conference on HIV Pathogenesis and Treatment, 25 July 2005, Rio de Janeiro.
- "A Human Rights Approach to Prevention: Abstinence Only and Evidence Based Approaches." 4<sup>th</sup> Physicians for Human Rights International Health Conference, April 23, 2005, Johns Hopkins Medical Institutions.

- "Civil conflict and health information: The impact of social disruption and war on HIV/AIDS and Malaria research in the Democratic Republic of Congo, 1980-2004." First Conference on Lessons Learned from Rights Based Approaches to Health, Emory University, April 14-16, 2005.
- "MSM-IDU in Northern Thailand: High HIV, HCV, and sexual risks and rates among dual risk men seeking drug treatment. 16<sup>th</sup> International Conference on Drug-Related Harm, Belfast, March 20-24, 2005.
- "Responses to HIV/AIDS In Asia." National Conference on Medicine's Response to the HIV/AIDS Pandemic, American Medical Student Association, Washington, DC, March 16, 2005.
- "Burma, Indochina, and Molecular Epidemiology as an Investigative Tool." Second Conference on Molecular Epidemiology, HIV and National Security, Council on Foreign Relations, New York, December 6, 2004.
- "HIV/AIDS in Shan State." First Shan State Health Summit, Chiang Mai, Thailand, November 13-14, 2004.
- "Can molecular epidemiology be used to track security-related HIV transmission?" First Conference on HIV & National Security, The Council on Foreign Relations, New York, July 28-29, 2004.
- "The effectiveness of the World Bank's HIV/AIDS assistance to Brazil." Gauri V, Beyrer C, Vailliancourt D. Satellite Symposium, 15<sup>th</sup> International AIDS Conference, Bangkok, July 2004.
- "HIV Vaccine Trials and Injecting Drug User Participation: The NIH Research Agenda." 15<sup>th</sup> International Conference on Harm Reduction, Melbourne, April 19-23, 2004.
- "Molecular Tools for Documenting Human Rights Violations." First International Seminar on Public Health and Human Rights, Baltimore, April 7-9, 2004.
- "Health and Human Rights Consequences of the Trafficking of Women and Girls in Southeast Asia." Invited address. First International Conference on Women and Infectious Diseases: From Science to Action, Centers for Disease Control, Atlanta, February 27-28, 2004 "IDU Cohorts in HIV Vaccine Trials: Critical Controversies and Lessons Learned." Plenary address, HIV Vaccine Trials Network, Full Group Meeting. October 22-24, 2003, Seattle.
- "Public Health Journalism in Developing Countries: Gateway to Change." Keynote Address, Aspen Institute Forum on Public Health and the Media, Aspen Center Retreat, Wye, Maryland, October, 2003.
- "Molecular Epidemiology: A Tool for HIV Research" Keynote address, *Symposium on Molecular Epidemiology*, Macfarlane Burnet Institute for Medical Research and Public Health, Melbourne, Australia, December 3, 2002.

- "HIV/AIDS in Asia: A Threat to Regional Security." Invited address, *HIV/AIDS as a Threat to Global Security*, Yale Center for the study of Globalization, Yale University, November 8-9, 2002, New Haven.
- "Creating a Supportive Environment for HIV/AIDS Research and Training in China." First Sino-US Conference on AIDS Research and Training, November 1-4, 2002, Beijing.
- "HIV Vaccine Trial Capacity in African and Asia." Plenary session, HIV Vaccines Trials Network Semi-Annual Conference, University of Washington, October 22-25, Seattle.
- "The New Silk Road: Central Asia and Heroin." Invited address, *The Silk Road in the 21<sup>st</sup> Century*, Security and Insecurity in Central Asia and the Caucasus: A Regional Challenge with Global Implications, Yale University, September 19-21, 2002, New Haven.
- "HIV Vaccine Clinical Trials Preparedness in Developing Countries." Invited speech, AIDS Vaccines for the World, Satellite meeting prior to the 14<sup>th</sup> International AIDS Conference, 6 July 2002, Barcelona.
- "Effects of Drug Use and HIV-Risk Behavior on HIV Transmission Across National Borders." Chairman's Presentation: National Institute of Drug Abuse Satellite Symposium, 14<sup>th</sup> International AIDS Conference, 9 July 2002, Barcelona.
- "Collaborating with US Scientists: What are the ethical requirements?" Office of AIDS Research Satellite Session, 14<sup>th</sup> International AIDS Conference, 8 July 2002, Barcelona.
- "HIV-1 in Injecting Drug Users in Southeast Asia: Implications for HIV vaccine efficacy trials." Plenary Session Presentation, HIV Vaccine Trials Network Full Group Meeting, Alexandria VA, May 2002.
- "Incarceration and drug use as a risk for HIV in Thailand." The 14<sup>th</sup> B. Frank Polk HIV Research Symposium, Johns Hopkins University, April 2002.
- "HIV Vaccine Trial Preparedness in Asia and Africa." HIV Vaccine Trials Leadership Conference, Miami, March, 2002.
- "Ethical Issues in Clinical Trials." The Fifth International Conference on Home and Community Care for HIV/AIDS, Chiang Mai, Thailand, December, 2001.
- "Incarceration and HIV risks among Thai IDU." South and Southeast Asia Regional Meeting on Drug Use/HIV Dual Epidemics, Chiang Mai, Thailand, December, 2001.
- "Regional and Cross-Border Approaches to HIV Prevention." South and Southeast Asia Regional Meeting on Drug Use/HIV Dual Epidemics, Chiang Mai, Thailand, December, 2001.

- "Ensuring the Affordability of an Effective HIV Vaccine to the Countries where trials have been conducted." HIV Vaccines for developing Countries: Establishing Networks for HIV Vaccines in Southern Africa, Gaberone, Botswana, November, 2001.
- "Ensuring Access to Effective Treatment for Candidates who Contract HIV During Trials." HIV Vaccines for developing Countries: Establishing Networks for HIV Vaccines in Southern Africa, Gaberone, Botswana, November, 2001.
- "Assessing the magnitude of the HIV/AIDS Epidemic in Burma." The First United Nations General Assembly Special Session on AIDS, New York, June, 2001.
- "The Molecular Epidemiology of HIV-1 in IDU in Asia." The Fifth International Conference on Harm Reduction, New Delhi, April, 2001.
- "Thailand's Response to AIDS: Building on Success, Confronting the Future." The Fifth International Conference on Harm Reduction, New Delhi, April, 2001.
- "Lessons learned for HIV vaccine trials in Thailand, 1992-2000." First All-Investigators meeting, HIV Vaccine Trial Network, San Francisco, October, 2000.
- "Overland heroin trafficking routes and HIV-1 spread in South and Southeast Asia." 2000 Global Research Network Meeting on HIV Prevention in Drug-Using Populations, Third Annual Meeting, Durban, South Africa, July 2000.
- "Sustaining HIV prevention in political and economic crises: the cases of Thailand and Burma." Prevention Works, Third International Conference on HIV Prevention, Durban, South Africa, July 2000.
- "HIV/AIDS in Africa: An International Challenge." Sixth Annual Conference on "African Refugees and the U.S. Response, Arlington VA, June 2000.
- "Overland heroin trafficking routes and HIV-1 spread in South and Southeast Asia." Russian National AIDS Conference, Moscow, Russian Federation, May, 2000.
- "HIV/AIDS in Asia: Are we winning or losing the war?" Asian Regional Forum, 14th Annual Conference on Security in Asia, Kuala Lumpur, May, 2000.
- "Shan women in the sex industry in Southeast Asia; Political causes and human rights consequences." Fifth International Congress on AIDS in Asia and the Pacific, Kuala Lumpur, October, 1999.
- "Overland heroin trafficking routes and HIV spread in South and Southeast Asia." Fifth International Congress on AIDS in Asia and the Pacific, Kuala Lumpur, October, 1999.
- "Health and Human Rights Among Gay Men in Developing Countries." First Annual Gay Men's Health Summit, Boulder Colorado, August, 1999.

- "Bridging the Gap: HIV/AIDS in the Developing World." Ninth Annual Clinical Care of the Patient with HIV Infection. Johns Hopkins University School of Medicine, April, 1999.
- "Training in Tuberculosis prevention and control for developing country scientists." Eleventh Annual Fogarty International Center Program Directors Meeting, May, 1999.
- "HIV/AIDS Care in China and India." The First International Congress of Tibetan Medicine, George Washington University School of Medicine, November, 1998.
- "Epidemiologic and Biologic Characterization of a cohort of HIV-1 highly exposed persistently seronegative sex workers in northern Thailand." The Tenth Annual Frank B. Polk Symposium on HIV/AIDS, Johns Hopkins University, April, 1998.
- "Condoms or Land mines; The Politics of AIDS in Southeast Asia." Special Lecture at UNICEF, Division of Health Programs, New York, April, 1998.
- "The HIV/AIDS Epidemic in Burma; Dilemmas of Policy and Practice." Presentation at the Association of Asian Studies, 50th Annual Meeting, Washington DC, April, 1998.
- "HIV Preventive Interventions; Current Research." Presentation at the First HIV Prevention Research Workshop, University of Addis Ababa, March, 1998.
- "Sex Workers and HIV/AIDS; a global perspective." Presentation at the First HIV Prevention Research Workshop, University of Addis Ababa, March, 1998.
- "Risk Factors for HIV Transmission." Presentation at the First HIV Prevention Research Workshop, University of Addis Ababa, March, 1998.
- "Sexually transmitted diseases and HIV prevention strategies." Presentation at the First HIV Prevention Research Workshop, University of Addis Ababa, March, 1998.
- "The HIV and STD Prevention Research Agenda for Asia." The First Public Health Asia 2000 Conference, Kerala, India, November, 1997.
- "The Role of Same-sex Behavior in the Epidemic of HIV-1 Among Northern Thai Men" The Ninth Annual Frank B. Polk Symposium on HIV/AIDS, Johns Hopkins University, April, 1997.
- "The Epidemiology of HIV/AIDS in Burma." *GGGD*, Netherlands National HIV/AIDS Surveillance Program, Amsterdam, December, 1997.
- "HIV incidence among male sex workers in northern Thailand, 1989-1995." Eleventh International Conference on AIDS, Vancouver, Canada, July, 1996.
- "Tuberculosis and HIV/AIDS in Thailand; Current Trends." National Council for International Health, Arlington VA, June, 1996.

"Hepatitis B Immunization; A Potential Incentive to HIV Vaccine Trial Participation in Thailand?" Eighth NCVDG, Bethesda MD, Feb. 1996.

"Sexual Behavior, Sexually Transmitted Diseases and HIV Infection among young men in Thailand." Third International Chinese International Symposium on AIDS. Beijing, China, December, 1995.

"Migration and HIV among ethnic minorities in northern Thailand." Technical consultation, Institute for Asian Studies, Chulalongkorn University and the World Health Organization. Bangkok, Thailand, May 25, 1995.

"Molecular Epidemiology Studies of HIV-1 in Northern Thailand; Results from the Thai PAVE Project, 1992-1994." Workshop on Advanced Techniques in Screening of HIV-1 Genetic Variability in Thailand. Bangkok, February, 1995.

"Molecular Epidemiology of HIV-1 in Thailand." Grand Rounds at the Department of Microbiology, Faculty of Medicine, Chiang Mai University. Chiang Mai University, Thailand, November 1994.

"Incident HIV and STDs in direct and indirect commercial sex workers (CSWs) in Thailand." Tenth International AIDS Conference, Yokohama, Japan, August 1994.

"The Clinton Administration health care reform proposals." Grand Rounds at the Department of Family Medicine, Faculty of Medicine, Chiang Mai University. Chiang Mai Thailand, June, 1994.

"Infrastructure and Personnel development for HIV vaccine trials." Royal Thai Army Medical Corps Meeting on Preparing for Vaccine trials in Thailand. Armed Forces Institute for Medical Research, Bangkok, Thailand, May, 1994.

#### **Seminars**

"Engagement of Men in the Care Continuum for HIV." Invited Seminar, Foundation for Professional Development, East London, South Africa, February 24<sup>th</sup>, 2020.

"How Would You Like Your PrEP?: The fit of new prevention tools to the sexual lives of those at risk." Department of Medicine Seminar, University of Cape Town. Cape Town, South Africa, January 20<sup>th</sup>, 2020.

"Epidemiologic innovations to engage U.S. MSM in the testing and treatment continuum: Results of HPTN 078." Seminar on Engaging Men in Prevention and Treatment, Desmond Tutu HIV Research Foundation, University of Cape Town. Cape Town, South Africa, January 21, 2020.

- "Public Health Perspectives on U.S. Drug Policy." First Annual Bloomberg American Health Initiative Seminar, Johns Hopkins Bloomberg School of Public Health, September, 4<sup>th</sup>, 2018.
- "AIDS 2018: Summary of the Science." Center for Strategic and International Studies Seminar on the outcomes of AIDS 2018, August 9<sup>th</sup>, 2018, CSIS, Washington, DC.
- "U=U: What Does the Science Say?" Community Forum, U=U, 21<sup>st</sup> International AIDS Conference, Amsterdam, July 22<sup>nd</sup>, 2018.
- "International Drug Policy and Public Health." Grand Rounds, General Preventive Medicine Residency Program, Johns Hopkins Bloomberg School of Public Health, Baltimore, March 16<sup>th</sup>, 2018.
- "HIV Interventions for Key Populations: The Challenges Ahead." Grand Rounds, University of Pennsylvania Center for AIDS Research, CFAR. Philadelphia, PA, November 30<sup>th</sup>, 2017.
- "HIV Disparities and Human Rights." Grand Rounds, Adolescent Medicine, Johns Hopkins University School of Medicine, Baltimore, October 27<sup>th</sup>, 2017.
- "Leaving No One Behind in International Drug Policy." Graduate Institute, Global Health Centre, Geneva, Switzerland, October 3<sup>rd</sup>, 2017.
- "Bridging the Gaps in HIV prevention through technology and innovation." Johns Hopkins Symposium, United Nations General Assembly, New York, City, September 21, 2017.
- "Drug Policy and Infectious Diseases." The Johns Hopkins Lancet Commission on Drug Policy and Health, Kiev, Ukraine, July 28th, 2017.
- "HIV/AIDS in Asia: Where is the Epidemic Heading?" Department of Epidemiology Seminar Seires, Johns Hopkins Bloomberg School of Public Health, June 27<sup>th</sup>, 2017.
- "Mass incarceration, Drug Policy, and HIV." The Lancet HIV and Prisoner's Series Regional Launch, Center for Strategic and International Studies, Kuala Lumpur, Malaysia, June 5<sup>th</sup>, 2017.
- "Mass incarceration, Drug Policy, and Human Rights." Center for Public Health and Human Rights, Johns Hopkins, March 4<sup>th</sup>, 2017.
- "The Administration's Budget, Congress, and Global Health Funding." Center for Strategic and International Studies, Washington DC, April 6<sup>th</sup>, 2017.
- "The Politics of Harm Reduction in the U.S." Seminar on Political Interference in Science with Rep. Hon. Henry Waxman. Johns Hopkins University, April 7<sup>th</sup>, 2017.
- "War in the Blood 2: Sex, Politics and AIDS in Southeast Asia. Rockefeller Foundation Residency Seminar, Bellagio, Italy, October 22<sup>nd</sup>, 2016.

- "Preparing for the Age of Pre-Exposure Prophylaxis." Grand Rounds, University of Maryland Medical School, October 5<sup>th</sup>, 2016.
- "HIV/AIDS: State of the Science." 5<sup>th</sup> Annual Creative and Novel Ideas in HIV Research (CNIHR) Workshop, U.S. National Institutes of Health, Bethesda, MD, August 23<sup>rd</sup>, 2016.
- "Summary of the Science: AIDS 2016 in Durban." Center for Strategic and International Studies, and Kasier Family Foundation Seminar on the 21<sup>st</sup> International AIDS Conference, Washington, DC, August 3<sup>rd</sup>, 2016.
- "Preparing for the Age of PrEP." Plenary presentation, 26<sup>th</sup> Annual Conference on the Clinical Care of the Patient with HIV Infection and Care of Patients with Viral Hepatitis, Johns Hopkins Medicine, Division of Infectious Diseases, Baltimore, MD, May 2, 2016.
- "Addressing the Legal and Human Rights needs of Youth At-Risk for and Living with HIV." 1<sup>st</sup> Annual Johns Hopkins University, Adolescent and Young Adult Scientific Working Group (SWG) Symposium, Baltimore MD April 29<sup>th</sup>, 2016
- HIV and Human Rights: The Work Undone." Distinguished Lecture, University of Illinois at Chicago School of Public Health. Chicago, Illinois, March 18<sup>th</sup>, 2016.
- "The State of the Science, Key Populations and HIV." Johns Hopkins Center for AIDS Research and the International AIDS Society special seminar with the IAS leadership. Johns Hopkins Bloomberg School of Public Health, December 7<sup>th</sup>, 2015.
- "Bending the Curve: Pre-Exposure Prophylaxis for HIV. Department of Epidemiology Centennial Celebration Seminar. Johns Hopkins Bloomberg School of Public Health, November 20<sup>th</sup>, 2015.
- "Key Populations and OAR Research Priorities." Annual CFAR Directors Meeting, University of Washington, Seattle, November 6<sup>th</sup>, 2015.
- "Achieving Equity: The Imperative for Key Populations in HIV." Epidemiology and Biostatistics Seminar Series, Johns Hopkins Bloomberg School of Public Health, June 17<sup>th</sup>, 2015.
- "An End to AIDS?" Invited Public Talk, The Humphrey School of Public Affairs, University of Minnesota, Minneapolis St. Paul, April 6<sup>th</sup>, 2015.
- "LGBT Health and Human Rights A Global Challenge" Global Health Colloquim Fall 2014, The Program in Global Health and Health Policy Princeton University October 10<sup>th</sup> 2014.
- "Impacts of discrimination on the health and development of LGBT children and adolescents." UNICEF, Special Session on LGBT issues and Children, New York, NY, May 22nd, 2014.

- "The Global HIV Epidemics among Gay, Bisexual and other MSM: Time to Act," Grand Rounds, Columbia University & New York Psychiatric Institute, May 22<sup>nd</sup>, 2014.
- "The Work Undone: Key Populations in the HIV Response." The White House, World AIDS Day Panel, December 2<sup>nd</sup>, 2013.
- "Comprehensive services for drug users in Thailand." IAS-UNODC High Level Meeting on HIV and Drug Use in Thailand, Bangkok, November 19<sup>th</sup>, 2013.
- "The Epidemics of HIV Among Men Who Have Sex with Men: Time for Action." Keynote address, Asia-Pacific Community of MSM (APCOM,) Bangkok, Thailand, Nov. 17, 2013.
- "Antiretroviral Therapy Scientific Landscape for Key Populations." World Health Organization-International AIDS Society Seminar, London, UK, September 18<sup>th</sup>, 2013.
- "Global epidemiology of HIV infection in MSM." Expert Input Forum, Merck Institute, Philadelphia, PA, August 21st, 2013.
- "The Global MSM HIV Epidemic: Time to Act." Keynote Address, XIth Johns Hopkins Brazil Conference, Rio de Janiero, Brazil, May 15<sup>th</sup>, 2012.
- "The Global MSM HIV Epidemic: Time to Act." The New York HIV Management Course, New York City, NY, May 2<sup>nd</sup>, 2013.
- "The Global Epidemic of HIV Among MSM: Implications for Research." U.S. Military HIV Research Program, Rockeville, MD, April 24<sup>th</sup>, 2013.
- "Evaluation of PEPFAR- Public Dialogue Session." Institute of Medicine, April 1st, 2013.
- "New Paradigms of Risk and Protection: Understanding the HIV Epidemics Among Gay and Bisexual Men." The New York Academy of Sciences, December 7<sup>th</sup>, 2012.
- "A Framework with Ethical Engagement with Key Populations in PEPFAR Programs." PEFPAR Scientific Advisory Board Meeting, Washington DC, October 2<sup>nd</sup>, 2012.
- "The Global Epidemics of HIV among Men Who Have Sex with Men: Time for Action." Dean's Lecture, Yale University, Center for Interdisciplinary Research on AIDS, New Haven, CT, November 29<sup>th</sup>, 2012.
- "Johns Hopkins in Burma." Bi-Annual Center for Public Health and Human Rights Seminar, June 15<sup>th</sup>, 2012.
- "The Emerging HIV Epidemiology among Most at Risk Populations." Special HIV Symposium, College of Health Sciences, Makerere University, Kampala, Uganda, November 11<sup>th</sup>, 2011.

- "The Global Epidemics of HIV among MSM: Implications for HIV Prevention." Special Seminar, The Institute for Human Virology, University of Maryland Medical Center, Baltimore, MD, October 17<sup>th</sup>, 2011.
- "The Global Epidemics of HIV among MSM: Implications for HIV Prevention." Invited Seminar, The Center for Behavior Change Interventions, Columbia University, New York, NY, October 7, 2011.
- "HIV and Human Rights: Challenges for Sexual Minorities." Medicine Grand Rounds, The University of Chicago Medical Center/Department of Medicine, Chicago, IL, February 1, 2011.
- "MSM, HIV, and Human Rights," Special Symposium, World AIDS Day, Johns Hopkins Bloomberg School of Public Health, December 1, 2009.
- "The Health System Collapse in Zimbabwe" Panel Discussion, United Nations Church, New York, NY, January 13<sup>th</sup>, 2009.
- "Sex Trafficking: Public Health & Human Rights", Panel Discussion Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, November 3, 2008.
- "The Global Media Training Program on HIV/AIDS in collaboration with The XVII International AIDS Conference" Col. Cuauhtemoc, C.P. Mexico, July 29, 2008.
- "The Humanitarian Crisis in Burma Post Cyclone Nargis" Panel Discussion The Center for Strategic and International Studies, Washington D.C., May 9<sup>th</sup>, 2008.
- "The International Rescue Committee (IRC) Hosts an International Women's Day Breakfast:" "Nowhere To Run: The Intersection of Burmese Refugee and Trafficking", Baltimore, MD, March 8, 2008.
- "Public Health in Burma in the Wake of the Saffron Revolution," Global Health Advisory Board Annual Meeting, The Public Health Program of the Open Society Institute, New York, NY, December 6<sup>th</sup>, 2007.
- "The Global HIV Epidemic Among MSM in Developing Countries," San Francisco AIDS Foundation, November 16<sup>th</sup>, 2007.
- "The Gathering Storm: Infectious Diseases and Human Rights in Burma," University of California Berkeley, Health and Human rights Seminar Series, Berkeley, CA, October, 25, 2007.
- "The Saffron Revolution," Speaker, Johns Hopkins Bloomberg School of Public Health, October 2, 2007.
- "Global Health: Seeking Continuity in a Global Marketplace with Pandemic Threats." The New Reality of Risk Leadership Forum. The Albright Group, New York, NY. February 13, 2007.

- "The Effectiveness of Syringe Exchange as an HIV Prevention Strategy," The Policy Series, Global Health Council, Washington, DC, December 7, 2006.
- "Tales from Toronto: Analysis of the XVI International AIDS Conference An Interactive Panel Discussion." Panelist, Special Seminar, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, October 7, 2006.
- "Responding to Infectious Disease Threats in Burma: Dilemmas of Policy and Practive." Tropical Medicine Dinner Club of Baltimore, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, October 4, 2006.
- "Careers in Public Health." General Preventive Medicine Residency: Noon Residency, Johns Hopkins School of Medicine, Baltimore, Maryland, September 21, 2006.
- "HIV Epidemiology Update and Transmission Factors: Risks and Risk Contexts." Johns Hopkins Paul Nitze School of Advanced International Studies (SAIS), September 14, 2006, Washington, D.C.
- "Ethical Issues in the Conduct of HIV vaccine trials in Injecting Drug Users." Bioethics Student Interest Group. Johns Hopkins University School of Medicine, May 25, 2006.
- "Morbidity and Mortality among Internally Displaced Populations in Eastern Burma: Linking Health and Rights." Epidemiology Departmental Seminar, Bloomberg School of Public Health, April 28, 2006.
- "Responding to Epidemic Disease Threats in Asia: Why Good Governance Matters." Workshop on Comparative Health Policy: Asia and the Global Governance of Epidemics, 20 April 2006, Shorenstein Asia-Pacific Research Center, Stanford University, Stanford, California.
- "Fogarty AIDS International Training and Research Program in Africa." Health Advisory Board Meeting. Bloomberg School of Public Health, 7 April 2006.
- "Illicit drug policies and the HIV epidemic" Board on Global Health, Institute of Medicine of the National Academies, December 20, 2005.
- "Country Perspectives: Asia and Pacific countries-Thailand" Board on Global Health, Institute of Medicine of the National Academies, December 19, 2005.
- "Emerging Epidemics of HIV in Eurasia." Center for STD Research and Prevention, Bloomberg School of Public Health, November 22, 2005.
- "The Next Wave: Emerging HIV Epidemics in Central Asia and Eastern Europe." Center for Strategic and International Studies Task Force on HIV/AIDS, July 7<sup>th</sup>, 2005, Washington DC.
- "Preventing, HIV/AIDS and STI in Thailand." Millions Saved: Proven Successes in Global Health, Special Seminar, Bloomberg School of Public Health, April, 2005.

- "International Organizations and Harm Reduction," Session Chair's Presentation at the 16<sup>th</sup> International Conference on Reduction of Drug Related Harm, Belfast, March, 2005.
- "HIV in Asia in 2004: The Epidemic Continues." James B. Grant Society Special Seminar for World AIDS Day, Johns Hopkins University, December, 2004.
- "Politics and Science." Special Seminar, Communications Program, Johns Hopkins University, November, 2004.
- "Research Ethics and International Collaborative Research." Special Address to the Faculty, School of Medicine, National University of Laos, Vientiane, Lao PDR, November, 2004.
- "Civil conflict and health information: The impact of social disruption and war on HIV/AIDS and Malaria research in the Democratic Republic of Congo, 1980-2004," Special Seminar, Center for Disasters and Emergency Relief, Department of International Health, Johns Hopkins University, October, 2004.
- "HIV/AIDS and Human Rights." Parliamentarian Leadership Seminar, Bill & Melinda Gates Institute for Population and Reproductive Health, JHU, August, 2004.
- "HIV Risks and Vulnerabilities Among Burmese Migrant Populations in Thailand: What the Thai Government Can Do." Presentation at the Thai Parliament, to the Committees on Foreign Affairs, Health, and Human Rights, Bangkok, July 2004.
- "HIV/AIDS in Asia in 2004: Where is the Epidemic Going?" Foreign Correspondents Club of Thailand, Bangkok, July 2004.
- "Public Health and Human Rights: The Case of Burma." Departmental Seminar, Summer Institute of Epidemiology and Biostatistics, Johns Hopkins University, June, 2004.
- "Scientific Freedom and Sexual Health Research: An Investigator's Perspective." Presentation at the Association of American Universities, Public Affairs Network Annual Meeting, Washington DC, March 2004.
- "HIV and IDU in Asia: Implications for HIV vaccine efficacy trials." Center for AIDS Research Seminar, The Aaron Diamond AIDS Research Center, Rockefeller University, New York City, January 2004.
- "AIDS in Thailand and Burma: Differing Responses to HIV/AIDS." Guest lecture for Mrs. William R. Brody, Trustees Meeting, Johns Hopkins University, June 2003.
- "AIDS in Southeast Asia: The Politics of Health Care." United States Department of State, Foreign Service Institute, Invited lecture, Alexandria, VA, May, 2003.

- "HIV/AIDS in Burma, Policy Challenges and the US Response." Testimony to the Council on Foreign Relations, New York, NY, February, 2003.
- "Challenges to HIV vaccine research in Injecting Drug Users." Invited Seminar, National Institute for Drug Abuse, NIH, Bethesda, February, 2003.
- "The Changing Molecular Epidemiology of HIV in Asia." Invited Lecture, The Center for Harm Reduction, Macfarlane Burnet Institute for Medical Research and Public Health, Melbourne, Australia, Dec. 2002.
- "The Impact of the Global AIDS Pandemic." Keynote Address, the Phelps Stokes Fund, U.S. Department of State, Bureau of Educational and Cultural Affairs, Washington, DC, July 2002.
- "HIV/AIDS Issues for Developing Country Journalists." Invited Lecture, Wall Street Journal Seminar, Barcelona, July 2002.
- "Assessing the Magnitude of the HIV/AIDS Epidemic in Burma." Special Seminar, Centers for Disease Control and Prevention, Atlanta, GA, May, 2002.
- "Trafficking of Burmese women and girls: health and human rights implications. Invited Seminar, Johns Hopkins School for Advanced International Studies, April, 2002.
- "Fearful Symmetries: The AIDS Pandemic and Human Rights." Third Annual George Goodman Memorial Symposium, SUNY Stonybrook, November 8th, 2001.
- "Overland Heroin Trafficking Routes and HIV-1 spread in South and Southeast Asia." Johns Hopkins Center for Communication Programs, Special Seminar, Baltimore, Oct. 2001.
- "The HIV/AIDS Pandemic in 2001: What is needed for a full response." Hobart College Honor Society Invited Lecture, Hobart and Wm. Smith Colleges, Geneva, New York, September, 2001.
- "Reducing HIV Transmission among Drug Users in Thailand." The United Nations Interagency Theme Group, Bangkok, Thailand, August, 2001.
- "HIV/AIDS Treatment Options for Developing Countries," A World Bank Institute Live Telecast for Uganda, Tanzania, and Ghana, Washington DC, June, 2001.
- "AIDS and Civil Society." Johns Hopkins All-University Colloquium on Civil Society, February 23, 2001.
- "HIV/AIDS in Asia, Issues and Trends." Special Seminar, Voice of America, Washington DC, December, 2000.
- "AIDS, Drugs, and Alternative Development in Burma." Special Seminar, Woodrow Wilson Center, Washington DC, October, 2000.

- "Thailand's Response to AIDS: Building on Success, Confronting the Future." Seminar, The center for Epidemiology and Policy, Johns Hopkins University, November, 2000.
- "Thailand's Response to AIDS: Building on Success, Confronting the Future." Special Seminar, The World Bank, Washington, DC, October 2000.
- "HIV/AIDS in the Developing World: the Current Prevention Agenda." Seminar series, Preventive Medicine Residency Program, Johns Hopkins University, Baltimore, October, 2000.
- "Thailand's Response to AIDS: Building on Success, Confronting the Future." Special Seminar, The World Bank Thailand Office. Bangkok, September 2000.
- "Training Needs for International Collaborative Research on HIV Prevention." First international Conference on HIV/AIDS in Malawi, Blantyre Malawi, July 2000.
- "Overland Heroin Trafficking Routes and HIV-1 spread in South and Southeast Asia." Johns Hopkins University 2000 Graduate Summer Institute of Epidemiology and Biostatistics, altimore, June, 2000.
- "HIV/AIDS in Burma." Special Lecture for the National League for Democracy, Rangoon, Burma, March, 2000.
- "The Third Opium War: Political Causes and Health Implications of the Burmese Heroin Conflict." *Dean's Lecture*, Johns Hopkins School of Public Health, February, 2000.
- "HIV/AIDS Counseling as a Prevention Tool." Workshop in HIV/AIDS Counseling, Guangxi Provincial AIDS Program, Guangxi, China, January, 2000.
- "Children's Health, Human Rights, and HIV/AIDS: UNICEF's Expanded Agenda." Special Lecture for the release of UNICEF's State of the World's Children, 1999 Report, Johns Hopkins University, December, 1999.
- "The AIDS Epidemic in Ethiopia; Political Will and Social Impacts." World AIDS Day Conference, Partners Against HIV/AIDS in Ethiopia, Washington D.C., December, 1999.
- "The Health status of Internally Displaced Persons in Burma, 1999." Burma Donors Forum Annual Meeting, United Nations, New York, October, 1999.
- "Using Radio for Health Education and HIV Prevention in Burma." Workshop on Media and Health Promotion, Radio Free Asia, June 1999.
- "Epidemiology: Investigating the Health of the Public." Special Presentation, the Knight Center for Specialized Journalism, Johns Hopkins University School of Hygiene and Public Health, June, 1999.

- "Political and Human Rights Aspects of the HIV/AIDS Epidemic in Burma." Special presentation, the Open Society Institute, George Soros Foundation, New York, May, 1999.
- "Overview of the Health Situation in Burma." Workshop on Addressing Humanitarian Aid to Burma, School of Advanced International Studies, Johns Hopkins University, May, 1999.
- "HIV/AIDS and Human Rights in Southeast Asia." Health and Human Rights Seminar Series, Johns Hopkins University School of Hygiene and Public Health, April, 1999.
- "Promoting safer sex and safer injection practices through peer education." HIV Prevention for Injecting Drug Users Workshop, Guangxi Province, China, January, 1999.
- "The Humanitarian Crisis in Burma, 1998." Special lecture, *The Asia Society*, New York City, November, 1998.
- "HIV Prevention for male sex workers." Special lecture, Royal Thai Ministry of Public Health, Chiang Mai, Thailand, November, 1998.
- "Addressing the Health Crisis in Burma; Dilemmas of Policy and Practice." Seminar Series, the Center for Epidemiology and Policy, Johns Hopkins University, September, 1998.
- "HIV Preventive Interventions for the Developing World." Preventive Medicine Residency Seminar Series, Johns Hopkins University PMR, August, 1998.
- "The Politics of AIDS in Southeast Asia." Invited speech, The Foreign Correspondents Club of Thailand, Bangkok, Thailand, July, 1998.
- "Trafficking of Burmese Women and Girls into the Asian Sex Industry; Health and Human Rights implications." Testimony to the U.S. Congress, the Human Rights, Asian, and Women's Caucuses, Washington, DC, June, 1998.
- "HIV/AIDS, Heroin Use, and the health of the people of Burma." Special Lecture at the first Conference on the future of U.S. Policy toward Burma. The Central Intelligence Agency, Drug Enforcement Agency, the United States Department of State, Virginia, June, 1998.
- "The HIV/AIDS and Heroin Use Epidemics in Burma; Current trends and Policy Implications." Special Presentation to the U.S. Department of State, Office of Crime, Narcotics, and Terrorism, Washington DC, April 1998.
- "Condoms or Landmines; The Politics of AIDS in Southeast Asia." Presentation at The Open Society Institute, George Soros Foundation, New York, April 1998.
- "Burma: Health and Human Rights in a Military Dictatorship." Health and Human Rights Seminar Series, Johns Hopkins University, February, 1998.

"HIV Prevalence and Risks among the Ethnic Minorities of Northern Thailand." Seminar Series, Dept. Of Epidemiology, Johns Hopkins University, April, 1997.

"Behavioral changes and a decline in HIV infections among Thai men." Special Lecture, University of Addis Ababa, Ethiopia, February, 1997.

"The HIV/AIDS Epidemic in Burma; Current Trends." Burma Donors Forum, Amsterdam, December, 1996.

"The Political Economy of AIDS in Southeast Asia; Thailand, Burma, Malaysia." University of Amsterdam, AIDS and Anthropology Lecture Series, November, 1996.

"HIV/AIDS Prevalence, Incidence and Rates," and "HIV Vaccine Efficacy Trials," University of Malaya, Workshop on Epidemiology of HIV/AIDS, Kuala Lumpur, Malaysia, May, 1996.

"Cohort Development for HIV Vaccine Trials in Thailand." Walter Reed Army Institute of Research, Rockville MD, February, 1996.

"The HIV/AIDS Situation in Burma." Refugees International, Washington DC, February, 1996.

"Current Status of the HIV/AIDS Epidemic in Burma; Policy Implications." Open Society Institute, Washington DC, January, 1996.

"Declining HIV prevalence and risk behaviors among young men in northern Thailand." Third International China Symposium on AIDS, Beijing, December, 1995.

"Behavioral Interventions to reduce HIV incidence among young men in northern Thailand." Myanmar Medical Association, Rangoon, Burma, November, 1995.

"Behavioral Interventions to reduce HIV incidence and STD infections among young men in northern Thailand." Mandalay Medical Association Seminar on HIV and STDs, Mandalay, Burma, November, 1995.

"Efficacy of Behavioral Change and HIV Preventive Interventions in Thai Army recruits." Workshop on Preventive Interventions, the Social Research Institute, Chiang Mai University. Mae Rim, Thailand, May, 1995.

"Update on advances in HIV/AIDS Prevention." Northern Thai Regional Meeting for Non-Governmental Organizations. Chiang Mai, Thailand, December, 1994.

"Sexual behavior and HIV risks among male commercial sex workers and men who have sex with men in northern Thailand." Workshop on Same Sex Behavior, Social Research Institute, Chiang Mai University. Chiang Mai, Thailand, November, 1994.

"Recombinant Rotavirus Vaccines." Chinle, Gallup, and Hu Hu Kam Indian Health Service Hospitals. AZ, NM. 1992.

"Sexually Transmitted Diseases Among White Mountain Apache Women." White Mountain Apache Tribal Council, White River, AZ. 1992.

"AIDS on Campus." Symposium at Hobart and Wm. Smith Colleges. Geneva, NY. 1991.

"Using the Imagination to Heal." Tibetan concepts of healing. The College of Physicians and Surgeons, Columbia University. NY, NY. 1990.

#### **PERSONAL**

Born 1959 at Berne, Switzerland, of American parents. Raised on Long Island, NY. Extensive work, study, and residence abroad in Sri Lanka, India, Nepal, Japan, China, Malaysia, Laos, Burma, Cambodia, Indonesia, Vietnam, Thailand, Bhutan, Turkey, Brazil, Venezuela, Guyana, the West Indies, Western Europe, Russia, Tajikistan, Kazakhstan, Ukraine, Ethiopia, South Africa, Botswana, Tanzania, Zimbabwe, Uganda, and Malawi. Other interests include Asian history, art and antiques, Buddhism, and human rights activism. Fluent in Italian, conversant in Thai.

Widower, husband Michael Smit CRNP, MS, was a nurse practitioner specializing in Hepatitis care at Sinai Hospital in Baltimore.